ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

ALABAMA

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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ALABAMA

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

State of Alabama
Department of Public Health

State Office Building
Montgomery, Alabama

Claude Earl Fox, M.D., M.P.H.
State Health Officer

MAILING ADDRESS
434 Monroe Street
Montgomery, Alabama 36130-1701

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

The purpose of the nursing home licensure program in Alabama is to:

(1) Develop minimum standards for construction, safety and care of patients in all nursing homes.

(2) Monitor each nursing home to assure consistent compliance with the minimum standards.

(3) Develop applicable statistics and criteria for inclusion in regulations to ensure they are consistent with current standards and to reflect licensure activities.

The State Board of Health (the Board), through enabling legislation, and with the advice of a Licensure Advisory Board, approves regulations, applicable to nursing homes, for inclusion in the Alabama Administrative Code. Through the functional unit, the Division of Licensure and Certification, Department of Public Health, the Board effectuates issuance and changes in licenses.

OVERVIEW OF ENFORCEMENT SYSTEM

The Board may downgrade licenses, suspend, or revoke a license for due cause. Action to downgrade or revoke a license is initiated by the Division of Licensure and Certification. Recommendations to the Board for downgrading, suspension, or revocation are made upon determination of substantial non-compliance with the regulations, non-acceptable patient care or abuse of patients. Definitive recommendations for downgrading, suspension, and/or revocation of licenses is made after a pattern of non-compliance is determined through onsite visits.

RESOURCES AVAILABLE TO CONSUMERS

The Division of Licensure and Certification is the State agency responsible for initiating licensing action in response to inquiries and complaints by consumers and the public. Complaints may be in the form of written or oral communications and may identify the complainant or may be anonymous. The complainant's identity is never divulged during investigations. In order to assure consumers and the public accessibility to the complaint system a toll-free telephone number in Alabama has been established. This number is 1-800-356-9596. All complaints received will be investigated. In addition, the Division of Licensure and Certification has a consumer guide to nursing homes and alternative care titled Elder Care Options which may be obtained at no cost from:

Division of Licensure and Certification
Alabama Department of Public Health
434 Monroe Street
Montgomery, AL 36130-1701
1-800-356-9596

This guide will help in explaining the various Federal, State, local and private services available for care of the elderly. In addition, it will serve as a guide in determining how to assess what services may be needed by the individual and on how to make your own evaluation of the quality and appropriateness of services provided. There are suggestions on how to evaluate the costs involved and means by which these costs may be met.

The Alabama Commission on Aging has established an official State Long Term Care Ombudsman Program. This program was established as an advocacy program for the elder citizen. It will also accept and act on inquiries and complaints relating to nursing homes. Thirteen regional offices have been established in the State. The address and telephone number of the ombudsman program are as follows:

Long-Term Care Ombudsman Program
Alabama Commission on Aging
136 Catoma Street
Montgomery, AL 36130
Phone toll-free in Alabama 1-800-243-5463

The Alabama Medicaid Agency maintains seven district offices in Birmingham, Decatur, Dothan, Gadsden, Mobile, Montgomery and Tuscaloosa. These offices would be helpful particularly for those in need of eligibility for Medicaid benefits information. See attached list of Medicaid District Offices. The Alabama Attorney General's office maintains a Medicaid Fraud and Abuse Unit to review and investigate any allegations of misuse of Medicaid funds and abuse of patients.

There are instances when it would be advantageous for a consumer or sponsor to review results of surveys conducted by the Division of Licensure and Certification of the operation of a nursing home. After each survey visit to any nursing home, a listing of negative findings and problems is developed into what is called a "Statement of Deficiencies." These listings are disclosable to the public and may be reviewed at your local county health department. They may also be reviewed at the Division of Licensure and Certification office in Montgomery. A fee is charged for copies of these listings.

Another source that may be helpful to the consumer is your local Department of Human Resources (formerly Pensions and Security). The Department of Human Resources is responsible for enforcement of provisions of the Alabama Adult Protective Services Act. There is a local DHR office located in each county to assist you.

MEDICAID DISTRICT OFFICES

D.O. Address	Phone Number	Counties Served	
State of Alabama Alabama Medicaid Agency 85 Bagby Drive - Room 305 Birmingham, AL 35209	942-9095 942-9065	Clay Jefferson Randolph Shelby	Talladega Walker Winston
State of Alabama Alabama Medicaid Agency 2119 Westmeade St., S.W. Decatur, AL 35603	350-6311	Colbert Cullman Franklin Jackson Lauderdale	Lawrence Limestone Madison Marshall Morgan
State of Alabama Alabama Medicaid Agency 112 Loftin Road Dothan, AL 36303	794-0761	Barbour Coffee Covington Crenshaw	Dale Geneva Henry Houston Pike
State of Alabama Alabama Medicaid Agency P. O. Box 35 (412 So. 3rd Street) Gadsden, AL 35902	547-4907	Blount Calhoun Cherokee Cleburne	Dekalb Etowah St. Clair
State of Alabama Alabama Medicaid Agency 4367 Downtowner Loop N, Suite D Mobile, AL 36609	342-5169	Baldwin Choctaw Clarke Conecuh	Escambia Mobile Monroe Washington
State of Alabama Alabama Medicaid Agency 503 South Court Street Ground Floor Montgomery, AL 36104	261-4065	Autauga Bibb Bullock Butler Chambers Chilton Coosa Dallas Elmore Lee	Lowndes Macon Marengo Montgomery Perry Russell Sumter Tallapoosa Wilcox
State of Alabama Alabama Medicaid Agency P. O. Box 716 (3716 12th Avenue, East) Tuscaloosa, AL 35402	553-0613	Fayette Greene Hale	Lamar Marion Pickens Tuscaloosa

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
HENRY CO NH

Street Address: 212 DOTHAN RD BOX 639	**City and State:** ABBEVILLE AL 36310

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	82.5	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	78.9	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	63.2	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	70.2	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	36.8	41.3	37.7
Completely bedfast residents.	5	8.8	6.9	3.4
Residents confined to chairs.	26	45.6	48.9	50.8
Residents requiring restraints.	17	29.8	37.0	41.3
Confused or disoriented residents.	41	71.9	58.8	58.4
Residents with bed sores.	3	5.3	5.5	7.1
Residents receiving special skin care.	9	15.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIARCLIFF NH

Street Address: 850 NW 9TH ST		**City and State:** ALABASTER AL 35007	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 226	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 218	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	157	72.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	188	86.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	165	75.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	69.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	144	66.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	1.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	87	39.9	41.3	37.7
Completely bedfast residents.	18	8.3	6.9	3.4
Residents confined to chairs.	96	44.0	48.9	50.8
Residents requiring restraints.	91	41.7	37.0	41.3
Confused or disoriented residents.	106	48.6	58.8	58.4
Residents with bed sores.	16	7.3	5.5	7.1
Residents receiving special skin care.	54	24.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALBERTVILLE NH INC

Street Address:	**City and State:**
HWY 75 NORTH, BOX 749	ALBERTVILLE AL 35950

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	133	NON-PROFIT OTHER	06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	2	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	92.5	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	74.4	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	79.7	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	63.2	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	63.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	43	32.3	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	44.4	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	71	53.4	48.9	50.8
Residents requiring restraints.	46	34.6	37.0	41.3
Confused or disoriented residents.	66	49.6	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	2	1.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ADDAMS N H

Street Address: 1423 HILLABEE ST	**City and State:** ALEXANDER CITY AL 35010

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 1	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	59.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	70.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	57	67.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	63.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	64.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	40.5	41.3	37.7
Completely bedfast residents.	1	1.2	6.9	3.4
Residents confined to chairs.	47	56.0	48.9	50.8
Residents requiring restraints.	28	33.3	37.0	41.3
Confused or disoriented residents.	48	57.1	58.8	58.4
Residents with bed sores.	3	3.6	5.5	7.1
Residents receiving special skin care.	24	28.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITI NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWN NH

Street Address: 1453 WASHINGTON ST BOX 838	**City and State:** ALEXANDER CITY AL 35010

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	93.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	44	95.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	38	82.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	69.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	67.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	30.4	41.3	37.7
Completely bedfast residents.	1	2.2	6.9	3.4
Residents confined to chairs.	35	76.1	48.9	50.8
Residents requiring restraints.	13	28.3	37.0	41.3
Confused or disoriented residents.	17	37.0	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	2.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAPMAN NH INC

Street Address: RT 5 BOX 283 DADEVILLE HWY	**City and State:** ALEXANDER CITY AL 35010

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 0	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	83.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	121	82.9	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	111	76.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	82.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	55.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	90	61.6	41.3	37.7
Completely bedfast residents.	5	3.4	6.9	3.4
Residents confined to chairs.	39	26.7	48.9	50.8
Residents requiring restraints.	51	34.9	37.0	41.3
Confused or disoriented residents.	59	40.4	58.8	58.4
Residents with bed sores.	1	0.7	5.5	7.1
Residents receiving special skin care.	7	4.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALICEVILLE MANOR NH

Street Address:	City and State:
703 17TH ST NW	ALICEVILLE AL 35442

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	52.7	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	75.7	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	78.4	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	75.7	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	78.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	36.5	41.3	37.7
Completely bedfast residents.	25	33.8	6.9	3.4
Residents confined to chairs.	27	36.5	48.9	50.8
Residents requiring restraints.	30	40.5	37.0	41.3
Confused or disoriented residents.	31	41.9	58.8	58.4
Residents with bed sores.	2	2.7	5.5	7.1
Residents receiving special skin care.	22	29.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALTOONA HEALTH CARE CENTER

Street Address: WALNUT GROVE RD BOX 68		**City and State:** ALTOONA AL 35952	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	44	88.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	36	72.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	52.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.0	41.3	37.7
Completely bedfast residents.	4	8.0	6.9	3.4
Residents confined to chairs.	25	50.0	48.9	50.8
Residents requiring restraints.	20	40.0	37.0	41.3
Confused or disoriented residents.	20	40.0	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	9	18.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBIA REGIONAL MEDICAL CTR NH

Street Address: 200 HILLCREST DRIVE	**City and State:** ANDALUSIA AL 36420

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	43	89.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	81.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	38	79.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	75.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	12	25.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	41.7	41.3	37.7
Completely bedfast residents.	3	6.3	6.9	3.4
Residents confined to chairs.	30	62.5	48.9	50.8
Residents requiring restraints.	12	25.0	37.0	41.3
Confused or disoriented residents.	21	43.8	58.8	58.4
Residents with bed sores.	6	12.5	5.5	7.1
Residents receiving special skin care.	3	6.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BECKWOOD MANOR

Street Address: 500 LEIGHTON AVE		**City and State:** ANNISTON AL 36201	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	74.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	61	81.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	48	64.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	58.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	49.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	36.0	41.3	37.7
Completely bedfast residents.	6	8.0	6.9	3.4
Residents confined to chairs.	28	37.3	48.9	50.8
Residents requiring restraints.	24	32.0	37.0	41.3
Confused or disoriented residents.	31	41.3	58.8	58.4
Residents with bed sores.	7	9.3	5.5	7.1
Residents receiving special skin care.	20	26.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN SPRINGS HEALTH CARE CENTER

Street Address: 2300 COLEMAN RD BOX 1790	**City and State:** ANNISTON AL 36201

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 5	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	98.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	84	80.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	95	90.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	90.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	56.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	38.1	41.3	37.7
Completely bedfast residents.	7	6.7	6.9	3.4
Residents confined to chairs.	41	39.0	48.9	50.8
Residents requiring restraints.	34	32.4	37.0	41.3
Confused or disoriented residents.	64	61.0	58.8	58.4
Residents with bed sores.	2	1.9	5.5	7.1
Residents receiving special skin care.	24	22.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NH OF ARAB INC

Street Address: 209 2ND ST SE	**City and State:** ARAB AL 35016

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	67.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	83.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	43	70.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	78.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	52.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	36.1	41.3	37.7
Completely bedfast residents.	5	8.2	6.9	3.4
Residents confined to chairs.	32	52.5	48.9	50.8
Residents requiring restraints.	26	42.6	37.0	41.3
Confused or disoriented residents.	29	47.5	58.8	58.4
Residents with bed sores.	4	6.6	5.5	7.1
Residents receiving special skin care.	8	13.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLAY CO HOSP & NH

Street Address: 544 E 1ST AV		**City and State:** ASHLAND AL 36251	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 63	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	96.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	60	95.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	40	63.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	63.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	65.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	47.6	41.3	37.7
Completely bedfast residents.	1	1.6	6.9	3.4
Residents confined to chairs.	37	58.7	48.9	50.8
Residents requiring restraints.	3	4.8	37.0	41.3
Confused or disoriented residents.	21	33.3	58.8	58.4
Residents with bed sores.	4	6.3	5.5	7.1
Residents receiving special skin care.	14	22.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHVILLE MANOR NH

Street Address: RT 2 BOX 130	**City and State:** ASHVILLE AL 35953

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	26.2	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	22	52.4	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	25	59.5	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	45.2	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	52.4	48.2	59.1
Residents on individually written bowel and bladder retraining program.	2	4.8	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	35.7	32.4	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	10	23.8	19.8	39.1
Residents requiring restraints.	9	21.4	22.9	31.7
Confused or disoriented residents.	14	33.3	47.2	55.8
Residents with bed sores.	1	2.4	3.1	4.7
Residents receiving special skin care.	6	14.3	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATHENS CONVALESCENT CTR INC

Street Address: 611 W MARKET ST		**City and State:** ATHENS AL 35611	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	78.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	68	74.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	57	62.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	60.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	70.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	36.3	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	38	41.8	48.9	50.8
Residents requiring restraints.	44	48.4	37.0	41.3
Confused or disoriented residents.	63	69.2	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	8	8.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIMESTONE HEALTH FACILITY

Street Address: 1600 W HOBBS		**City and State:** ATHENS AL 35611	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	93.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	110	82.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	93	69.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	61.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	76.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	39.6	41.3	37.7
Completely bedfast residents.	20	14.9	6.9	3.4
Residents confined to chairs.	59	44.0	48.9	50.8
Residents requiring restraints.	55	41.0	37.0	41.3
Confused or disoriented residents.	80	59.7	58.8	58.4
Residents with bed sores.	3	2.2	5.5	7.1
Residents receiving special skin care.	13	9.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATMORE NURSING CENTER

Street Address: 715 E LAUREL	**City and State:** ATMORE AL 36502

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	78.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	76.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	69	71.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	71.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	75.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	13	13.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	33.0	41.3	37.7
Completely bedfast residents.	1	1.0	6.9	3.4
Residents confined to chairs.	9	9.3	48.9	50.8
Residents requiring restraints.	55	56.7	37.0	41.3
Confused or disoriented residents.	52	53.6	58.8	58.4
Residents with bed sores.	4	4.1	5.5	7.1
Residents receiving special skin care.	12	12.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATTALLA NH INC

Street Address: 239 STEWART AV	**City and State:** ATTALLA AL 35954

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 165	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	**Medicare Residents:** 3	**Medicaid Residents:** 151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	82.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	126	76.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	120	73.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	76.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	82.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	14	8.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	50.0	41.3	37.7
Completely bedfast residents.	22	13.4	6.9	3.4
Residents confined to chairs.	67	40.9	48.9	50.8
Residents requiring restraints.	26	15.9	37.0	41.3
Confused or disoriented residents.	67	40.9	58.8	58.4
Residents with bed sores.	13	7.9	5.5	7.1
Residents receiving special skin care.	15	9.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JONES VALLEY NH

Street Address: PO BOX 297		**City and State:** BESSEMER AL 35020	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	97.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	40	93.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	40	93.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	65.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	46.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	7.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	14.0	41.3	37.7
Completely bedfast residents.	4	9.3	6.9	3.4
Residents confined to chairs.	22	51.2	48.9	50.8
Residents requiring restraints.	4	9.3	37.0	41.3
Confused or disoriented residents.	39	90.7	58.8	58.4
Residents with bed sores.	1	2.3	5.5	7.1
Residents receiving special skin care.	3	7.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIVINGSTON NH

Street Address: 4201 BESSEMER SUPER HIGHWAY	**City and State:** BESSEMER AL 35020

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 1	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	67.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	82.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	52	77.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	61.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	68.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	47.8	41.3	37.7
Completely bedfast residents.	7	10.4	6.9	3.4
Residents confined to chairs.	25	37.3	48.9	50.8
Residents requiring restraints.	9	13.4	37.0	41.3
Confused or disoriented residents.	27	40.3	58.8	58.4
Residents with bed sores.	3	4.5	5.5	7.1
Residents receiving special skin care.	10	14.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWOOD NH

Street Address: 820 GOLF COURSE ROAD	**City and State:** BESSEMER AL 35020

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 1	**Medicaid Residents:** 142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	79.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	121	72.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	108	64.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	53.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	121	72.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	52.7	41.3	37.7
Completely bedfast residents.	27	16.2	6.9	3.4
Residents confined to chairs.	59	35.3	48.9	50.8
Residents requiring restraints.	69	41.3	37.0	41.3
Confused or disoriented residents.	98	58.7	58.8	58.4
Residents with bed sores.	13	7.8	5.5	7.1
Residents receiving special skin care.	5	3.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RUBY HILL NH INC

Street Address: 507 WHITMORE DRIVE		**City and State:** BESSEMER AL 35020	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	88.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	69	98.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	54	77.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	77.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	74.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	27.1	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	37	52.9	48.9	50.8
Residents requiring restraints.	22	31.4	37.0	41.3
Confused or disoriented residents.	64	91.4	58.8	58.4
Residents with bed sores.	9	12.9	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHGATE VILLAGE INC

Street Address: 325 SELMA RD		**City and State:** BESSEMER AL 35020	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 1	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	81.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	81.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	63	78.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	53.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	72.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	11	13.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	37.5	41.3	37.7
Completely bedfast residents.	5	6.3	6.9	3.4
Residents confined to chairs.	25	31.3	48.9	50.8
Residents requiring restraints.	24	30.0	37.0	41.3
Confused or disoriented residents.	75	93.8	58.8	58.4
Residents with bed sores.	3	3.7	5.5	7.1
Residents receiving special skin care.	9	11.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAPT MED CTRS MONTCLAIR SNU

Street Address: 800 MONTCLAIR RD	**City and State:** BIR AL 35213

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	51	NON-PROFIT RELIGIOUS	12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
3	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	3	100	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	100	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	100	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	3	100	48.9	50.8
Residents requiring restraints.	0	0.0	37.0	41.3
Confused or disoriented residents.	3	100	58.8	58.4
Residents with bed sores.	2	66.7	5.5	7.1
Residents receiving special skin care.	2	66.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY HEALTH CARE CENTER

Street Address: 733 MARY VANN LANE	**City and State:** BIRMINGHAM AL 35215

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 1	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	86.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	102	90.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	100	88.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	75.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	41.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	31.0	41.3	37.7
Completely bedfast residents.	2	1.8	6.9	3.4
Residents confined to chairs.	56	49.6	48.9	50.8
Residents requiring restraints.	45	39.8	37.0	41.3
Confused or disoriented residents.	59	52.2	58.8	58.4
Residents with bed sores.	3	2.7	5.5	7.1
Residents receiving special skin care.	113	100	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURGESS NH

Street Address: 1532 BANKHEAD HIGHWAY W	**City and State:** BIRMINGHAM AL 35214

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 2	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	71.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	24	85.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	21	75.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	75.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	75.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	28.6	41.3	37.7
Completely bedfast residents.	2	7.1	6.9	3.4
Residents confined to chairs.	19	67.9	48.9	50.8
Residents requiring restraints.	13	46.4	37.0	41.3
Confused or disoriented residents.	10	35.7	58.8	58.4
Residents with bed sores.	4	14.3	5.5	7.1
Residents receiving special skin care.	2	7.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHALKVILLE HEALTH CARE INC

Street Address: 2350 SWEENEY HOLLOW RD	**City and State:** BIRMINGHAM AL 35215

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	100	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	38	100	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	84.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	76.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	39.5	41.3	37.7
Completely bedfast residents.	2	5.3	6.9	3.4
Residents confined to chairs.	15	39.5	48.9	50.8
Residents requiring restraints.	19	50.0	37.0	41.3
Confused or disoriented residents.	13	34.2	58.8	58.4
Residents with bed sores.	4	10.5	5.5	7.1
Residents receiving special skin care.	3	7.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST HAVEN HEALTHCARE CENTER

Street Address: 7110 1ST AVE N		**City and State:** BIRMINGHAM AL 35206	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	33.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	75.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	32	56.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	56.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	75.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	22.8	41.3	37.7
Completely bedfast residents.	4	7.0	6.9	3.4
Residents confined to chairs.	19	33.3	48.9	50.8
Residents requiring restraints.	10	17.5	37.0	41.3
Confused or disoriented residents.	20	35.1	58.8	58.4
Residents with bed sores.	2	3.5	5.5	7.1
Residents receiving special skin care.	5	8.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESTES NURSING FACILITY CIVIC CENTER

Street Address: 1201 N 22ND ST	**City and State:** BIRMINGHAM AL 35234

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 4	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	82.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	93.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	70	75.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	71.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	61.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	40	43.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	48.4	41.3	37.7
Completely bedfast residents.	15	16.1	6.9	3.4
Residents confined to chairs.	51	54.8	48.9	50.8
Residents requiring restraints.	33	35.5	37.0	41.3
Confused or disoriented residents.	59	63.4	58.8	58.4
Residents with bed sores.	15	16.1	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESTES NURSING FACILITY NORTHWAY

Street Address: 1424 N 25TH ST	**City and State:** BIRMINGHAM AL 35234

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 14	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	78.2	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	90.9	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	86.4	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	81.8	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	70.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	51.8	41.3	37.7
Completely bedfast residents.	26	23.6	6.9	3.4
Residents confined to chairs.	55	50.0	48.9	50.8
Residents requiring restraints.	30	27.3	37.0	41.3
Confused or disoriented residents.	38	34.5	58.8	58.4
Residents with bed sores.	23	20.9	5.5	7.1
Residents receiving special skin care.	23	20.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESTES NURSING FACILITY OAK KNOLL

Street Address:	**City and State:**
824 6TH AV W	BIRMINGHAM AL 35204

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	2	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	77.7	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	86.2	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	77.7	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	78.7	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	77.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	45.7	41.3	37.7
Completely bedfast residents.	4	4.3	6.9	3.4
Residents confined to chairs.	63	67.0	48.9	50.8
Residents requiring restraints.	31	33.0	37.0	41.3
Confused or disoriented residents.	44	46.8	58.8	58.4
Residents with bed sores.	13	13.8	5.5	7.1
Residents receiving special skin care.	93	98.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESTES NURSING FACILITY SOUTH

Street Address: 1220 S 17TH ST	**City and State:** BIRMINGHAM AL 35205

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 1	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	84.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	71	87.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	60	74.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	75.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	61.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	34.6	41.3	37.7
Completely bedfast residents.	2	2.5	6.9	3.4
Residents confined to chairs.	41	50.6	48.9	50.8
Residents requiring restraints.	27	33.3	37.0	41.3
Confused or disoriented residents.	54	66.7	58.8	58.4
Residents with bed sores.	2	2.5	5.5	7.1
Residents receiving special skin care.	2	2.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW NURSING & CONVALESCENT HOME

Street Address: 1028 BESSEMER RD		**City and State:** BIRMINGHAM AL 35228	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	**Medicare Residents:** 3	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	84.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	122	77.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	123	77.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	79.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	67.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	18	11.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	44.3	41.3	37.7
Completely bedfast residents.	5	3.2	6.9	3.4
Residents confined to chairs.	112	70.9	48.9	50.8
Residents requiring restraints.	48	30.4	37.0	41.3
Confused or disoriented residents.	131	82.9	58.8	58.4
Residents with bed sores.	12	7.6	5.5	7.1
Residents receiving special skin care.	29	18.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORESTDALE HEALTH CARE CENTER

Street Address: 1000 DUGAN AVE	**City and State:** BIRMINGHAM AL 35214

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	43.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	85.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	71	67.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	100	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	59.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	44.8	41.3	37.7
Completely bedfast residents.	13	12.4	6.9	3.4
Residents confined to chairs.	60	57.1	48.9	50.8
Residents requiring restraints.	31	29.5	37.0	41.3
Confused or disoriented residents.	59	56.2	58.8	58.4
Residents with bed sores.	11	10.5	5.5	7.1
Residents receiving special skin care.	8	7.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONVALESCENT CENTER & NH

Street Address: 2728 10TH AVE S	**City and State:** BIRMINGHAM AL 35205

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 3	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	96.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	104	97.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	86	80.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	71.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	67.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	25.2	41.3	37.7
Completely bedfast residents.	9	8.4	6.9	3.4
Residents confined to chairs.	53	49.5	48.9	50.8
Residents requiring restraints.	28	26.2	37.0	41.3
Confused or disoriented residents.	67	62.6	58.8	58.4
Residents with bed sores.	9	8.4	5.5	7.1
Residents receiving special skin care.	9	8.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON CO HOME

Street Address: 200 N PINE HILL RD		**City and State:** BIRMINGHAM AL 35217	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 533	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
405	8	304

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	329	81.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	332	82.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	279	68.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	325	80.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	282	69.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	27	6.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	157	38.8	41.3	37.7
Completely bedfast residents.	36	8.9	6.9	3.4
Residents confined to chairs.	254	62.7	48.9	50.8
Residents requiring restraints.	224	55.3	37.0	41.3
Confused or disoriented residents.	269	66.4	58.8	58.4
Residents with bed sores.	39	9.6	5.5	7.1
Residents receiving special skin care.	95	23.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW N H

Street Address: 8017 2ND AVE S		**City and State:** BIRMINGHAM AL 35206	
Participation: MEDICARE SNF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	75.5	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	77.6	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	75.5	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	75.5	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	57.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	4.1	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	34.7	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	13	26.5	48.9	50.8
Residents requiring restraints.	9	18.4	37.0	41.3
Confused or disoriented residents.	23	46.9	58.8	58.4
Residents with bed sores.	4	8.2	5.5	7.1
Residents receiving special skin care.	6	12.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY LEWIS CONVALESCENT CENTER

Street Address: 2600 HIGHLAND AVE		**City and State:** BIRMINGHAM AL 35205	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	97.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	40	97.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	38	92.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	87.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	87.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	85.4	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	36	87.8	48.9	50.8
Residents requiring restraints.	37	90.2	37.0	41.3
Confused or disoriented residents.	22	53.7	58.8	58.4
Residents with bed sores.	2	4.9	5.5	7.1
Residents receiving special skin care.	4	9.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are avail e
from the State survey agency or the State ombud .

NURSING HOME PROFILE
METHODIST HOME FOR THE AGING

Street Address: 1424 MONTCLAIR RD	**City and State:** BIRMINGHAM AL 35201

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 3	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	82.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	88.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	95	83.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	80.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	74.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	42.1	41.3	37.7
Completely bedfast residents.	6	5.3	6.9	3.4
Residents confined to chairs.	32	28.1	48.9	50.8
Residents requiring restraints.	58	50.9	37.0	41.3
Confused or disoriented residents.	82	71.9	58.8	58.4
Residents with bed sores.	2	1.8	5.5	7.1
Residents receiving special skin care.	6	5.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNT ROYAL TOWERS INC

Street Address: 300 ROYAL TOWER DR	**City and State:** BIRMINGHAM AL 35209

Participation: MEDICARE SNF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	32	88.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	34	94.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	29	80.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	72.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	75.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	41.7	41.3	37.7
Completely bedfast residents.	4	11.1	6.9	3.4
Residents confined to chairs.	16	44.4	48.9	50.8
Residents requiring restraints.	11	30.6	37.0	41.3
Confused or disoriented residents.	22	61.1	58.8	58.4
Residents with bed sores.	4	11.1	5.5	7.1
Residents receiving special skin care.	7	19.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERCHASE HEALTH CARE CENTER

Street Address: 2500 RIVERHAVEN DR		**City and State:** BIRMINGHAM AL 35244	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	1	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	55.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	94	79.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	98	83.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	59.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	58.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	61.0	41.3	37.7
Completely bedfast residents.	8	6.8	6.9	3.4
Residents confined to chairs.	36	30.5	48.9	50.8
Residents requiring restraints.	71	60.2	37.0	41.3
Confused or disoriented residents.	21	17.8	58.8	58.4
Residents with bed sores.	9	7.6	5.5	7.1
Residents receiving special skin care.	6	5.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE MANOR NH

Street Address: 7755 4TH AVE S		**City and State:** BIRMINGHAM AL 35206	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	72.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	79.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	65	60.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	65.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	39.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	34.6	41.3	37.7
Completely bedfast residents.	4	3.7	6.9	3.4
Residents confined to chairs.	42	39.3	48.9	50.8
Residents requiring restraints.	52	48.6	37.0	41.3
Confused or disoriented residents.	47	43.9	58.8	58.4
Residents with bed sores.	1	0.9	5.5	7.1
Residents receiving special skin care.	43	40.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH HAVEN NH INC

Street Address: 3141 OLD COLUMBIANA RD	**City and State:** BIRMINGHAM AL 35226

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 2	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	86.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	90.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	75	75.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	60.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	74.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	45.0	41.3	37.7
Completely bedfast residents.	5	5.0	6.9	3.4
Residents confined to chairs.	12	12.0	48.9	50.8
Residents requiring restraints.	19	19.0	37.0	41.3
Confused or disoriented residents.	25	25.0	58.8	58.4
Residents with bed sores.	6	6.0	5.5	7.1
Residents receiving special skin care.	8	8.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NH OF BOAZ

Street Address: 100 CORLEY AVE		**City and State:** BOAZ AL 35957	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	68.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	85.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	60	78.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	78.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	71.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	34.2	41.3	37.7
Completely bedfast residents.	4	5.3	6.9	3.4
Residents confined to chairs.	40	52.6	48.9	50.8
Residents requiring restraints.	26	34.2	37.0	41.3
Confused or disoriented residents.	32	42.1	58.8	58.4
Residents with bed sores.	4	5.3	5.5	7.1
Residents receiving special skin care.	7	9.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST GATE VILLAGE

Street Address: PINEVIEW ST 3RD AVE	**City and State:** BREWTON AL 36426

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	69.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	75	72.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	62	60.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	63.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	47.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	16	15.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	41.7	41.3	37.7
Completely bedfast residents.	1	1.0	6.9	3.4
Residents confined to chairs.	46	44.7	48.9	50.8
Residents requiring restraints.	30	29.1	37.0	41.3
Confused or disoriented residents.	36	35.0	58.8	58.4
Residents with bed sores.	1	1.0	5.5	7.1
Residents receiving special skin care.	31	30.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RUSH NURSING CTR BUTLER

Street Address: 124 HARRELL AVE HWY 10	**City and State:** BUTLER AL 36904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 1	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	75.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	85.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	37	75.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	75.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	71.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	10.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.9	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	37	75.5	48.9	50.8
Residents requiring restraints.	13	26.5	37.0	41.3
Confused or disoriented residents.	21	42.9	58.8	58.4
Residents with bed sores.	3	6.1	5.5	7.1
Residents receiving special skin care.	7	14.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMDEN NURSING FACILITY

Street Address: PONDEROSA DR BOX 486	**City and State:** CAMDEN AL 36726

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	78.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	79.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	51	69.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	54.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	64.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	13	17.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	28.8	41.3	37.7
Completely bedfast residents.	3	4.1	6.9	3.4
Residents confined to chairs.	32	43.8	48.9	50.8
Residents requiring restraints.	32	43.8	37.0	41.3
Confused or disoriented residents.	39	53.4	58.8	58.4
Residents with bed sores.	4	5.5	5.5	7.1
Residents receiving special skin care.	11	15.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARBON HILL HEALTH CARE

Street Address: 516 E 4TH AVE		**City and State:** CARBON HILL AL 35549	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	40	83.3	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	25	52.1	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	56.3	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	60.4	32.4	29.3
Completely bedfast residents.	2	4.2	2.3	3.6
Residents confined to chairs.	16	33.3	19.8	39.1
Residents requiring restraints.	13	27.1	22.9	31.7
Confused or disoriented residents.	43	89.6	47.2	55.8
Residents with bed sores.	2	4.2	3.1	4.7
Residents receiving special skin care.	2	4.2	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIBB MEDICAL CENTER HOSP NH

Street Address: 164 PIERSON AVE	**City and State:** CENTERVILLE AL 35042

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	85.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	87.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	80	80.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	75.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	42.0	41.3	37.7
Completely bedfast residents.	5	5.0	6.9	3.4
Residents confined to chairs.	76	76.0	48.9	50.8
Residents requiring restraints.	32	32.0	37.0	41.3
Confused or disoriented residents.	79	79.0	58.8	58.4
Residents with bed sores.	4	4.0	5.5	7.1
Residents receiving special skin care.	3	3.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHEROKEE CO NH

Street Address: HOSPITAL AV BOX 199	**City and State:** CENTRE AL 35960

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	82.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	94.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	38	74.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	76.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	72.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	51.0	41.3	37.7
Completely bedfast residents.	4	7.8	6.9	3.4
Residents confined to chairs.	30	58.8	48.9	50.8
Residents requiring restraints.	20	39.2	37.0	41.3
Confused or disoriented residents.	27	52.9	58.8	58.4
Residents with bed sores.	1	2.0	5.5	7.1
Residents receiving special skin care.	10	19.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON CO INFIRMARY NH

Street Address: ST STEPHENS RD BOX 400		**City and State:** CHATOM AL 36518	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	72.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	77.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	53	80.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	78.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	74.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	43.9	41.3	37.7
Completely bedfast residents.	1	1.5	6.9	3.4
Residents confined to chairs.	52	78.8	48.9	50.8
Residents requiring restraints.	27	40.9	37.0	41.3
Confused or disoriented residents.	47	71.2	58.8	58.4
Residents with bed sores.	1	1.5	5.5	7.1
Residents receiving special skin care.	2	3.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CITRONELLE CONVALESCENT CENTER

Street Address: 108 N 4TH ST DRAWER 38		**City and State:** CITRONELLE AL 36522	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	94.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	64	95.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	51	76.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	85.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	47.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	37.3	41.3	37.7
Completely bedfast residents.	4	6.0	6.9	3.4
Residents confined to chairs.	39	58.2	48.9	50.8
Residents requiring restraints.	26	38.8	37.0	41.3
Confused or disoriented residents.	57	85.1	58.8	58.4
Residents with bed sores.	1	1.5	5.5	7.1
Residents receiving special skin care.	30	44.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HATLEY HEALTH CARE

Street Address: 300 MEDICAL CENTER DR	**City and State:** CLANTON AL 35045

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	78.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	98	82.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	84	70.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	65.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	62.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	47.9	41.3	37.7
Completely bedfast residents.	2	1.7	6.9	3.4
Residents confined to chairs.	43	36.1	48.9	50.8
Residents requiring restraints.	48	40.3	37.0	41.3
Confused or disoriented residents.	65	54.6	58.8	58.4
Residents with bed sores.	3	2.5	5.5	7.1
Residents receiving special skin care.	30	25.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLINSVILLE NH INC

Street Address: US HWY 11 N DRAWER G		**City and State:** COLLINSVILLE AL 35961	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
162	7	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	72.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	121	74.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	120	74.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	60.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	66.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	43.8	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	109	67.3	48.9	50.8
Residents requiring restraints.	84	51.9	37.0	41.3
Confused or disoriented residents.	123	75.9	58.8	58.4
Residents with bed sores.	11	6.8	5.5	7.1
Residents receiving special skin care.	23	14.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAPTIST HOME FOR SENIOR CITIZENS

Street Address: PO BOX 10	**City and State:** COOK SPRINGS AL 35052

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 2	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	123	100	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	81.3	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	55.3	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	52.8	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	43.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	15	12.2	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	36.6	41.3	37.7
Completely bedfast residents.	16	13.0	6.9	3.4
Residents confined to chairs.	57	46.3	48.9	50.8
Residents requiring restraints.	31	25.2	37.0	41.3
Confused or disoriented residents.	77	62.6	58.8	58.4
Residents with bed sores.	4	3.3	5.5	7.1
Residents receiving special skin care.	32	26.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORDOVA NH INC

Street Address: 200 HIGHLAND ST		**City and State:** CORDOVA AL 35550	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	66.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	73	73.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	68	68.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	71.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	72.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	36.0	41.3	37.7
Completely bedfast residents.	9	9.0	6.9	3.4
Residents confined to chairs.	36	36.0	48.9	50.8
Residents requiring restraints.	43	43.0	37.0	41.3
Confused or disoriented residents.	37	37.0	58.8	58.4
Residents with bed sores.	2	2.0	5.5	7.1
Residents receiving special skin care.	14	14.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROSSVILLE NH INC

Street Address: PO BOX 97 HWY 227		**City and State:** CROSSVILLE AL 35962	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	97.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	115	99.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	79	68.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	68.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	68.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	50.9	41.3	37.7
Completely bedfast residents.	1	0.9	6.9	3.4
Residents confined to chairs.	88	75.9	48.9	50.8
Residents requiring restraints.	55	47.4	37.0	41.3
Confused or disoriented residents.	76	65.5	58.8	58.4
Residents with bed sores.	1	0.9	5.5	7.1
Residents receiving special skin care.	8	6.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CULLMAN HEALTH CARE CENTER NH

Street Address: 1607 MAIN AVE NE		**City and State:** CULLMAN AL 35055	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
154	3	137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	70.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	124	80.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	114	74.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	71.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	67.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	7	4.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	48.7	41.3	37.7
Completely bedfast residents.	25	16.2	6.9	3.4
Residents confined to chairs.	66	42.9	48.9	50.8
Residents requiring restraints.	64	41.6	37.0	41.3
Confused or disoriented residents.	100	64.9	58.8	58.4
Residents with bed sores.	4	2.6	5.5	7.1
Residents receiving special skin care.	15	9.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODLAND VILLAGE HEALTH CARE CENTER

Street Address: 1900 OLIVE ST BOX 190	**City and State:** CULLMAN AL 35055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 4	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	93.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	86.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	76	80.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	74.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	43.6	41.3	37.7
Completely bedfast residents.	10	10.6	6.9	3.4
Residents confined to chairs.	39	41.5	48.9	50.8
Residents requiring restraints.	39	41.5	37.0	41.3
Confused or disoriented residents.	42	44.7	58.8	58.4
Residents with bed sores.	6	6.4	5.5	7.1
Residents receiving special skin care.	78	83.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DADEVILLE CONVALESCENT HOME

Street Address: 237 LAFAYETTE	**City and State:** DADEVILLE AL 36853

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 0	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	91.8	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	92.7	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	61.8	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	50.0	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	48.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	19.1	41.3	37.7
Completely bedfast residents.	3	2.7	6.9	3.4
Residents confined to chairs.	42	38.2	48.9	50.8
Residents requiring restraints.	5	4.5	37.0	41.3
Confused or disoriented residents.	51	46.4	58.8	58.4
Residents with bed sores.	4	3.6	5.5	7.1
Residents receiving special skin care.	11	10.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DADEVILLE HEALTH CARE

Street Address: 300 COLUMBIA ST	**City and State:** DADEVILLE AL 36853

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	23	79.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	21	72.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	65.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	82.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	37.9	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	15	51.7	48.9	50.8
Residents requiring restraints.	1	3.4	37.0	41.3
Confused or disoriented residents.	16	55.2	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	3.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILDER NH

Street Address: 307 LAFAYETTE ST	**City and State:** DADEVILLE AL 36853

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	85.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	85.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	49	77.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	74.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	66.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	50.8	41.3	37.7
Completely bedfast residents.	2	3.2	6.9	3.4
Residents confined to chairs.	22	34.9	48.9	50.8
Residents requiring restraints.	17	27.0	37.0	41.3
Confused or disoriented residents.	47	74.6	58.8	58.4
Residents with bed sores.	2	3.2	5.5	7.1
Residents receiving special skin care.	5	7.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY MEDICAL A CORPORATION

Street Address: 101 VILLA DR	**City and State:** DAPHNE AL 36526

Participation: MEDICARE SNF	**# of Beds:** 137	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	**Medicare Residents:** 13	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	92.3	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	11	84.6	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	84.6	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	84.6	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	92.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	69.2	41.3	37.7
Completely bedfast residents.	6	46.2	6.9	3.4
Residents confined to chairs.	3	23.1	48.9	50.8
Residents requiring restraints.	3	23.1	37.0	41.3
Confused or disoriented residents.	12	92.3	58.8	58.4
Residents with bed sores.	2	15.4	5.5	7.1
Residents receiving special skin care.	7	53.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL PARK CONVALESCENT CENTER INC

Street Address: 1350 14TH AV SE	**City and State:** DECATUR AL 35601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 183	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 3	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	78.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	135	79.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	119	70.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	70.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	60.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	29.4	41.3	37.7
Completely bedfast residents.	6	3.5	6.9	3.4
Residents confined to chairs.	99	58.2	48.9	50.8
Residents requiring restraints.	56	32.9	37.0	41.3
Confused or disoriented residents.	106	62.4	58.8	58.4
Residents with bed sores.	13	7.6	5.5	7.1
Residents receiving special skin care.	13	7.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH MORGAN HEALTH CARE CENTER

Street Address: HWY 31 S BOX 1821	**City and State:** DECATUR AL 35601

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	0	58

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing				
Residents requiring some or total assistance in bathing.	64	95.5	82.8	81.5
ressing				
Residents requiring some or total assistance in dressing.	58	86.6	83.2	83.2
oileting				
Residents requiring some or total assistance in toileting.	59	88.1	74.1	73.8
ransferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	74.6	72.9	77.2
ontinence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	73.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	4.5	4.3	4.6
ating				
Residents receiving tube feedings or requiring assistance with eating.	31	46.3	41.3	37.7
ompletely bedfast residents.	2	3.0	6.9	3.4
esidents confined to chairs.	44	65.7	48.9	50.8
esidents requiring restraints.	17	25.4	37.0	41.3
onfused or disoriented residents.	51	76.1	58.8	58.4
esidents with bed sores.	2	3.0	5.5	7.1
esidents receiving special skin care.	12	17.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST MORGAN HEALTH CARE CENTER

Street Address:		City and State:	
ROUTE 1 JOE WHEELER HWY BOX 1215		DECATUR AL 35601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	43	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	92.9	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	83.3	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	71.4	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	73.8	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	69.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	4.8	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	23.8	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	22	52.4	48.9	50.8
Residents requiring restraints.	10	23.8	37.0	41.3
Confused or disoriented residents.	28	66.7	58.8	58.4
Residents with bed sores.	1	2.4	5.5	7.1
Residents receiving special skin care.	8	19.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODHAVEN MANOR

Street Address: 105 WEST WINDSOR ST		**City and State:** DEMOPOLIS AL 36732	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	54.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	69.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	42	63.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	53.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	63.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	18.2	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	37	56.1	48.9	50.8
Residents requiring restraints.	19	28.8	37.0	41.3
Confused or disoriented residents.	50	75.8	58.8	58.4
Residents with bed sores.	5	7.6	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EXTENDICARE HEALTH CENTER

Street Address: 814 S ST ANDREWS ST	**City and State:** DOTHAN AL 36301

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	84.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	74	71.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	84.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	60.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	41.7	41.3	37.7
Completely bedfast residents.	1	1.0	6.9	3.4
Residents confined to chairs.	52	50.5	48.9	50.8
Residents requiring restraints.	44	42.7	37.0	41.3
Confused or disoriented residents.	51	49.5	58.8	58.4
Residents with bed sores.	2	1.9	5.5	7.1
Residents receiving special skin care.	19	18.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESLEY MANOR METHODIST HOME FOR AGING

Street Address: 210 HONEYSUCKLE RD	**City and State:** DOTHAN AL 36301

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	83.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	97	89.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	89	82.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	77.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	73.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	8	7.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	53.7	41.3	37.7
Completely bedfast residents.	3	2.8	6.9	3.4
Residents confined to chairs.	68	63.0	48.9	50.8
Residents requiring restraints.	50	46.3	37.0	41.3
Confused or disoriented residents.	82	75.9	58.8	58.4
Residents with bed sores.	7	6.5	5.5	7.1
Residents receiving special skin care.	1	0.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOUBLE SPRINGS HEALTH CARE CENTER

Street Address: ROUTE 1 BOX 286		**City and State:** DOUBLE SPRINGS AL 35553	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	1	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	93.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	89.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	64	68.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	69.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	60.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	36.6	41.3	37.7
Completely bedfast residents.	6	6.5	6.9	3.4
Residents confined to chairs.	24	25.8	48.9	50.8
Residents requiring restraints.	15	16.1	37.0	41.3
Confused or disoriented residents.	33	35.5	58.8	58.4
Residents with bed sores.	8	8.6	5.5	7.1
Residents receiving special skin care.	18	19.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN BREEZE HEALTH CARE CENTER

Street Address: 4525 ST STEPHENS RD DRAWER D		**City and State:** EIGHT MILE AL 36613	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 172	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	90.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	142	88.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	121	75.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	70.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	61.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	8	5.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	36.2	41.3	37.7
Completely bedfast residents.	4	2.5	6.9	3.4
Residents confined to chairs.	88	55.0	48.9	50.8
Residents requiring restraints.	65	40.6	37.0	41.3
Confused or disoriented residents.	91	56.9	58.8	58.4
Residents with bed sores.	4	2.5	5.5	7.1
Residents receiving special skin care.	29	18.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELBA GENERAL HOSP AND NH

Street Address: 987 DRAYTON ST		**City and State:** ELBA AL 36323	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	76.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	71.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	58	74.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	73.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	56.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	50.0	41.3	37.7
Completely bedfast residents.	12	15.4	6.9	3.4
Residents confined to chairs.	38	48.7	48.9	50.8
Residents requiring restraints.	23	29.5	37.0	41.3
Confused or disoriented residents.	24	30.8	58.8	58.4
Residents with bed sores.	3	3.8	5.5	7.1
Residents receiving special skin care.	21	26.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERRY WOOD LODGE

Street Address: MT HEBRON RD BOX 7	**City and State:** ELMORE AL 36025

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 1	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	88.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	116	98.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	85	72.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	76.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	21.2	41.3	37.7
Completely bedfast residents.	2	1.7	6.9	3.4
Residents confined to chairs.	73	61.9	48.9	50.8
Residents requiring restraints.	58	49.2	37.0	41.3
Confused or disoriented residents.	97	82.2	58.8	58.4
Residents with bed sores.	4	3.4	5.5	7.1
Residents receiving special skin care.	17	14.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ENTERPRISE NH

Street Address: DOTHAN HIGHWAY 84 E		**City and State:** ENTERPRISE AL 36331	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
146	3	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	98.6	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	86.3	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	94.5	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	78.1	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	66.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	38.4	41.3	37.7
Completely bedfast residents.	15	10.3	6.9	3.4
Residents confined to chairs.	98	67.1	48.9	50.8
Residents requiring restraints.	55	37.7	37.0	41.3
Confused or disoriented residents.	91	62.3	58.8	58.4
Residents with bed sores.	4	2.7	5.5	7.1
Residents receiving special skin care.	1	0.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EUFAULA GERIATRIC CENTER INC

Street Address: 430 RIVERS ST	**City and State:** EUFAULA AL 36027

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 163	**Medicare Residents:** 1	**Medicaid Residents:** 146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	60.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	139	85.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	108	66.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	64.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	55.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	23.3	41.3	37.7
Completely bedfast residents.	5	3.1	6.9	3.4
Residents confined to chairs.	60	36.8	48.9	50.8
Residents requiring restraints.	39	23.9	37.0	41.3
Confused or disoriented residents.	86	52.8	58.8	58.4
Residents with bed sores.	8	4.9	5.5	7.1
Residents receiving special skin care.	23	14.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENE CO NH

Street Address: 509 WILSON AVE	**City and State:** EUTAW AL 35462

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 2	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	90.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	90.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	47	90.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	76.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	90.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	15.4	41.3	37.7
Completely bedfast residents.	1	1.9	6.9	3.4
Residents confined to chairs.	47	90.4	48.9	50.8
Residents requiring restraints.	47	90.4	37.0	41.3
Confused or disoriented residents.	50	96.2	58.8	58.4
Residents with bed sores.	3	5.8	5.5	7.1
Residents receiving special skin care.	7	13.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN NH INC

Street Address: KNOXVILLE ST BOX 391	**City and State:** EVERGREEN AL 36401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	86.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	92.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	39	76.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	78.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	58.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	52.9	41.3	37.7
Completely bedfast residents.	1	2.0	6.9	3.4
Residents confined to chairs.	18	35.3	48.9	50.8
Residents requiring restraints.	24	47.1	37.0	41.3
Confused or disoriented residents.	25	49.0	58.8	58.4
Residents with bed sores.	1	2.0	5.5	7.1
Residents receiving special skin care.	8	15.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY HEALTH CARE CENTER WEST

Street Address: 6825 GRASSELLI RD		**City and State:** FAIRFIELD AL 35064	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
167	0	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	146	87.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	145	86.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	137	82.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	80.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	77.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	7	4.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	84	50.3	41.3	37.7
Completely bedfast residents.	19	11.4	6.9	3.4
Residents confined to chairs.	94	56.3	48.9	50.8
Residents requiring restraints.	67	40.1	37.0	41.3
Confused or disoriented residents.	118	70.7	58.8	58.4
Residents with bed sores.	13	7.8	5.5	7.1
Residents receiving special skin care.	13	7.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTERN SHORES HEALTH CARE CENTER

Street Address: 108 S CHURCH ST BOX 976		**City and State:** FAIRHOPE AL 36532	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	4	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	89.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	107	91.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	89	76.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	75.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	76.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	38.5	41.3	37.7
Completely bedfast residents.	3	2.6	6.9	3.4
Residents confined to chairs.	81	69.2	48.9	50.8
Residents requiring restraints.	53	45.3	37.0	41.3
Confused or disoriented residents.	97	82.9	58.8	58.4
Residents with bed sores.	6	5.1	5.5	7.1
Residents receiving special skin care.	26	22.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FALKVILLE HEALTH CARE CENTER

Street Address: 3RD ST BOX 409	**City and State:** FALKVILLE AL 35622

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 3	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	80.4	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	80.4	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	90.2	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	68.6	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	74.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	4.9	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	70.6	41.3	37.7
Completely bedfast residents.	12	11.8	6.9	3.4
Residents confined to chairs.	53	52.0	48.9	50.8
Residents requiring restraints.	30	29.4	37.0	41.3
Confused or disoriented residents.	45	44.1	58.8	58.4
Residents with bed sores.	3	2.9	5.5	7.1
Residents receiving special skin care.	5	4.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMERFORD NH

Street Address: HIGHWAY 31 NORTH	**City and State:** FALKVILLE AL 35622

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 196	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 194	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	79.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	177	91.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	155	79.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	83.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	146	75.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	111	57.2	41.3	37.7
Completely bedfast residents.	7	3.6	6.9	3.4
Residents confined to chairs.	105	54.1	48.9	50.8
Residents requiring restraints.	93	47.9	37.0	41.3
Confused or disoriented residents.	126	64.9	58.8	58.4
Residents with bed sores.	9	4.6	5.5	7.1
Residents receiving special skin care.	22	11.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAYETTE CO NH

Street Address: 1653 TEMPLE AV	**City and State:** FAYETTE AL 35555

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	75.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	85.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	79.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	70.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	68.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	31	32.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.9	41.3	37.7
Completely bedfast residents.	12	12.4	6.9	3.4
Residents confined to chairs.	44	45.4	48.9	50.8
Residents requiring restraints.	25	25.8	37.0	41.3
Confused or disoriented residents.	68	70.1	58.8	58.4
Residents with bed sores.	3	3.1	5.5	7.1
Residents receiving special skin care.	25	25.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EL REPOSO SANITARIUM

Street Address: RT 1 BOX 479		**City and State:** FLORENCE AL 35630	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	92.5	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	37	92.5	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	20	50.0	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	60.0	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	75.0	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	50.0	32.4	29.3
Completely bedfast residents.	10	25.0	2.3	3.6
Residents confined to chairs.	10	25.0	19.8	39.1
Residents requiring restraints.	10	25.0	22.9	31.7
Confused or disoriented residents.	30	75.0	47.2	55.8
Residents with bed sores.	0	0.0	3.1	4.7
Residents receiving special skin care.	4	10.0	12.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENWOOD CONVALESCENT CENTER

Street Address: 211 ANA DR	**City and State:** FLORENCE AL 35630

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	99.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	68	60.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	89	79.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	83.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	74.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	8	7.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	23.2	41.3	37.7
Completely bedfast residents.	15	13.4	6.9	3.4
Residents confined to chairs.	62	55.4	48.9	50.8
Residents requiring restraints.	44	39.3	37.0	41.3
Confused or disoriented residents.	82	73.2	58.8	58.4
Residents with bed sores.	7	6.3	5.5	7.1
Residents receiving special skin care.	15	13.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MITCHELL-HOLLINGSWORTH NH ANNEX

Street Address: FLAGG CIRCLE BOX 818		**City and State:** FLORENCE AL 35630	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 202	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
199	7	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	184	92.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	182	91.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	158	79.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	83.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	147	73.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	27.1	41.3	37.7
Completely bedfast residents.	30	15.1	6.9	3.4
Residents confined to chairs.	74	37.2	48.9	50.8
Residents requiring restraints.	78	39.2	37.0	41.3
Confused or disoriented residents.	144	72.4	58.8	58.4
Residents with bed sores.	10	5.0	5.5	7.1
Residents receiving special skin care.	32	16.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROLLING ACRES NH

Street Address: 2107 CLOYD BLVD		**City and State:** FLORENCE AL 35630	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 3	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	73.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	100	79.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	89	70.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	67.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	53.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	30.2	41.3	37.7
Completely bedfast residents.	6	4.8	6.9	3.4
Residents confined to chairs.	37	29.4	48.9	50.8
Residents requiring restraints.	57	45.2	37.0	41.3
Confused or disoriented residents.	28	22.2	58.8	58.4
Residents with bed sores.	2	1.6	5.5	7.1
Residents receiving special skin care.	3	2.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOLEY NH

Street Address: 1701 NORTH ALSTON ST	**City and State:** FOLEY AL 36535

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 4	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	89.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	84.9	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	93	78.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	66.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	33.6	41.3	37.7
Completely bedfast residents.	17	14.3	6.9	3.4
Residents confined to chairs.	44	37.0	48.9	50.8
Residents requiring restraints.	27	22.7	37.0	41.3
Confused or disoriented residents.	57	47.9	58.8	58.4
Residents with bed sores.	8	6.7	5.5	7.1
Residents receiving special skin care.	16	13.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN MANOR NH INC

Street Address: 403 13TH ST NW	**City and State:** FORT PAYNE AL 35967

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 3	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	63.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	77.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	100	83.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	77.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	74.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	11	9.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	85	70.8	41.3	37.7
Completely bedfast residents.	7	5.8	6.9	3.4
Residents confined to chairs.	85	70.8	48.9	50.8
Residents requiring restraints.	13	10.8	37.0	41.3
Confused or disoriented residents.	73	60.8	58.8	58.4
Residents with bed sores.	8	6.7	5.5	7.1
Residents receiving special skin care.	32	26.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GADSDEN HEALTH CARE CENTER

Street Address: 1945 DAVIS DR	**City and State:** GADSDEN AL 35901

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 1	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	66.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	134	92.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	134	92.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	92.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	66.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	44.1	41.3	37.7
Completely bedfast residents.	3	2.1	6.9	3.4
Residents confined to chairs.	66	45.5	48.9	50.8
Residents requiring restraints.	90	62.1	37.0	41.3
Confused or disoriented residents.	11	7.6	58.8	58.4
Residents with bed sores.	5	3.4	5.5	7.1
Residents receiving special skin care.	4	2.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCGUFFEY HEALTH CARE CENTER INC

Street Address: 2301 RAINBOW DR		**City and State:** GADSDEN AL 35999	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 209	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 205	**Medicare Residents:** 1	**Medicaid Residents:** 128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	80.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	183	89.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	160	78.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	68.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	62.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	92	44.9	41.3	37.7
Completely bedfast residents.	32	15.6	6.9	3.4
Residents confined to chairs.	90	43.9	48.9	50.8
Residents requiring restraints.	95	46.3	37.0	41.3
Confused or disoriented residents.	123	60.0	58.8	58.4
Residents with bed sores.	10	4.9	5.5	7.1
Residents receiving special skin care.	6	2.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESSEX HOUSE OF GASDEN

Street Address: 700 HUTCHINS ST	**City and State:** GADSDEN AL 35901

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	70.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	83.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	75.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	70.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	55.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	10	9.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	51.0	41.3	37.7
Completely bedfast residents.	1	1.0	6.9	3.4
Residents confined to chairs.	46	45.1	48.9	50.8
Residents requiring restraints.	32	31.4	37.0	41.3
Confused or disoriented residents.	49	48.0	58.8	58.4
Residents with bed sores.	2	2.0	5.5	7.1
Residents receiving special skin care.	17	16.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN CITY HEALTH CARE CENTER

Street Address: OLD 31 HWY BOX 258		**City and State:** GARDEN CITY AL 35070	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	97.7	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	75.0	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	59.1	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	56.8	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	52.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	6	13.6	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	25.0	41.3	37.7
Completely bedfast residents.	3	6.8	6.9	3.4
Residents confined to chairs.	19	43.2	48.9	50.8
Residents requiring restraints.	12	27.3	37.0	41.3
Confused or disoriented residents.	26	59.1	58.8	58.4
Residents with bed sores.	1	2.3	5.5	7.1
Residents receiving special skin care.	13	29.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDENDALE NURSING HOME

Street Address: 420 DEAN DR BOX 27	**City and State:** GARDENDALE AL 35071

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 2	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	86.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	116	81.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	102	71.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	72.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	68.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	17	11.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	42.7	41.3	37.7
Completely bedfast residents.	18	12.6	6.9	3.4
Residents confined to chairs.	50	35.0	48.9	50.8
Residents requiring restraints.	64	44.8	37.0	41.3
Confused or disoriented residents.	89	62.2	58.8	58.4
Residents with bed sores.	14	9.8	5.5	7.1
Residents receiving special skin care.	35	24.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WIREGRASS NH

Street Address: 1200 W MAPLE AVE	**City and State:** GENEVA AL 36340

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 86	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	96.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	67	81.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	62	75.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	74.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	67.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	45.1	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	41	50.0	48.9	50.8
Residents requiring restraints.	33	40.2	37.0	41.3
Confused or disoriented residents.	56	68.3	58.8	58.4
Residents with bed sores.	4	4.9	5.5	7.1
Residents receiving special skin care.	30	36.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGIANA NURSING FACILITY

Street Address: PALMER ST BOX 189		**City and State:** GEORGIANA AL 36033	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	75.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	44	77.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	32	56.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	63.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	52.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	47.4	41.3	37.7
Completely bedfast residents.	2	3.5	6.9	3.4
Residents confined to chairs.	21	36.8	48.9	50.8
Residents requiring restraints.	18	31.6	37.0	41.3
Confused or disoriented residents.	21	36.8	58.8	58.4
Residents with bed sores.	4	7.0	5.5	7.1
Residents receiving special skin care.	13	22.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COOSA VALLEY CONVALESCENT CENTER

Street Address: 426 PINEVIEW AVE		**City and State:** GLENCOE AL 35905	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	81.8	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	85.1	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	74.4	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	76.0	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	59.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	7	5.8	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	38.8	41.3	37.7
Completely bedfast residents.	5	4.1	6.9	3.4
Residents confined to chairs.	53	43.8	48.9	50.8
Residents requiring restraints.	53	43.8	37.0	41.3
Confused or disoriented residents.	62	51.2	58.8	58.4
Residents with bed sores.	8	6.6	5.5	7.1
Residents receiving special skin care.	14	11.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOODWATER NH

Street Address: 1001 MOUNTAIN ST	**City and State:** GOODWATER AL 35072

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	97.4	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	94.9	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	66.7	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	66.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	5.1	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	41.0	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	30	76.9	48.9	50.8
Residents requiring restraints.	10	25.6	37.0	41.3
Confused or disoriented residents.	38	97.4	58.8	58.4
Residents with bed sores.	4	10.3	5.5	7.1
Residents receiving special skin care.	6	15.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAND BAY CONVALESCENT HOME

Street Address: HIGHWAY 90 WEST BOX 338		**City and State:** GRAND BAY AL 36541	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	100	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	38	76.0	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	32	64.0	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	76.0	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.0	32.4	29.3
Completely bedfast residents.	4	8.0	2.3	3.6
Residents confined to chairs.	22	44.0	19.8	39.1
Residents requiring restraints.	27	54.0	22.9	31.7
Confused or disoriented residents.	39	78.0	47.2	55.8
Residents with bed sores.	2	4.0	3.1	4.7
Residents receiving special skin care.	17	34.0	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENSBORO HEALTH CARE INC

Street Address: 616 ARMORY ST	**City and State:** GREENSBORO AL 36744

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	92.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	81.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	65	67.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	68.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	63.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	34.0	41.3	37.7
Completely bedfast residents.	2	2.1	6.9	3.4
Residents confined to chairs.	58	59.8	48.9	50.8
Residents requiring restraints.	41	42.3	37.0	41.3
Confused or disoriented residents.	65	67.0	58.8	58.4
Residents with bed sores.	6	6.2	5.5	7.1
Residents receiving special skin care.	7	7.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENVILLE NH

Street Address: 408 COUNTRY CLUB DRIVE	**City and State:** GREENVILLE AL 36037

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 1	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	90.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	68.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	71.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	68.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	6	5.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	43.8	41.3	37.7
Completely bedfast residents.	5	4.5	6.9	3.4
Residents confined to chairs.	64	57.1	48.9	50.8
Residents requiring restraints.	53	47.3	37.0	41.3
Confused or disoriented residents.	62	55.4	58.8	58.4
Residents with bed sores.	2	1.8	5.5	7.1
Residents receiving special skin care.	5	4.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARION SUNSET MANOR

Street Address: 1201 W 14TH AVE		**City and State:** GUIN AL 35563	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	86.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	38	76.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	76.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	12	24.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	54.0	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	41	82.0	48.9	50.8
Residents requiring restraints.	26	52.0	37.0	41.3
Confused or disoriented residents.	26	52.0	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	1	2.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARFIELD HEALTH CARE INC

Street Address: STAR RT 2 BOX 167	**City and State:** GUNTERSVILLE AL 35976

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	78.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	78	75.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	58	56.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	70.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	50.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	33.0	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	49	47.6	48.9	50.8
Residents requiring restraints.	11	10.7	37.0	41.3
Confused or disoriented residents.	32	31.1	58.8	58.4
Residents with bed sores.	1	1.0	5.5	7.1
Residents receiving special skin care.	15	14.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARSHALL MANOR

Street Address: 3120 NORTH ST		**City and State:** GUNTERSVILLE AL 35976	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	69.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	78.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	65	73.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	70.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	74.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	50.6	41.3	37.7
Completely bedfast residents.	9	10.1	6.9	3.4
Residents confined to chairs.	52	58.4	48.9	50.8
Residents requiring restraints.	34	38.2	37.0	41.3
Confused or disoriented residents.	26	29.2	58.8	58.4
Residents with bed sores.	4	4.5	5.5	7.1
Residents receiving special skin care.	13	14.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HALEYVILLE HEALTH CARE CENTER

Street Address: 2201 ELEVENTH AVE	**City and State:** HALEYVILLE AL 35565

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 4	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	83.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	75	83.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	62	68.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	60.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	64.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	44.4	41.3	37.7
Completely bedfast residents.	12	13.3	6.9	3.4
Residents confined to chairs.	31	34.4	48.9	50.8
Residents requiring restraints.	33	36.7	37.0	41.3
Confused or disoriented residents.	52	57.8	58.8	58.4
Residents with bed sores.	8	8.9	5.5	7.1
Residents receiving special skin care.	16	17.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARION CO NH

Street Address: 1315 MILITARY ST S	**City and State:** HAMILTON AL 35570

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	81.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	64	92.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	57	82.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	82.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	66.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	30	43.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	50.7	41.3	37.7
Completely bedfast residents.	13	18.8	6.9	3.4
Residents confined to chairs.	33	47.8	48.9	50.8
Residents requiring restraints.	28	40.6	37.0	41.3
Confused or disoriented residents.	56	81.2	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	7	10.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HANCEVILLE NH

Street Address: 420 MAIN ST BOX 409	**City and State:** HANCEVILLE AL 35077

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	92.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	130	86.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	116	76.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	73.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	72.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	58.9	41.3	37.7
Completely bedfast residents.	10	6.6	6.9	3.4
Residents confined to chairs.	87	57.6	48.9	50.8
Residents requiring restraints.	74	49.0	37.0	41.3
Confused or disoriented residents.	121	80.1	58.8	58.4
Residents with bed sores.	3	2.0	5.5	7.1
Residents receiving special skin care.	6	4.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLEBURNE COMMUNITY HOSP & NH

Street Address: 411 ROSS ST BOX 398	**City and State:** HEFLIN AL 36264

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	29	74.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	23	59.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	59.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	59.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	23.1	41.3	37.7
Completely bedfast residents.	4	10.3	6.9	3.4
Residents confined to chairs.	19	48.7	48.9	50.8
Residents requiring restraints.	8	20.5	37.0	41.3
Confused or disoriented residents.	26	66.7	58.8	58.4
Residents with bed sores.	2	5.1	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELBA GENERAL HOSP AND NH

Street Address: 987 DRAYTON ST		**City and State:** ELBA AL 36323	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	76.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	71.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	58	74.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	73.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	56.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	50.0	41.3	37.7
Completely bedfast residents.	12	15.4	6.9	3.4
Residents confined to chairs.	38	48.7	48.9	50.8
Residents requiring restraints.	23	29.5	37.0	41.3
Confused or disoriented residents.	24	30.8	58.8	58.4
Residents with bed sores.	3	3.8	5.5	7.1
Residents receiving special skin care.	21	26.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERRY WOOD LODGE

Street Address: MT HEBRON RD BOX 7		**City and State:** ELMORE AL 36025	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	1	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	88.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	116	98.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	85	72.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	76.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	21.2	41.3	37.7
Completely bedfast residents.	2	1.7	6.9	3.4
Residents confined to chairs.	73	61.9	48.9	50.8
Residents requiring restraints.	58	49.2	37.0	41.3
Confused or disoriented residents.	97	82.2	58.8	58.4
Residents with bed sores.	4	3.4	5.5	7.1
Residents receiving special skin care.	17	14.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ENTERPRISE NH

Street Address: DOTHAN HIGHWAY 84 E	**City and State:** ENTERPRISE AL 36331

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 3	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	98.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	126	86.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	138	94.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	78.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	66.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	38.4	41.3	37.7
Completely bedfast residents.	15	10.3	6.9	3.4
Residents confined to chairs.	98	67.1	48.9	50.8
Residents requiring restraints.	55	37.7	37.0	41.3
Confused or disoriented residents.	91	62.3	58.8	58.4
Residents with bed sores.	4	2.7	5.5	7.1
Residents receiving special skin care.	1	0.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNTSVILLE NH INC

Street Address: 4320 JUDITH LANE SW		**City and State:** HUNTSVILLE AL 35805	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 129	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	2	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	84.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	103	86.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	93	78.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	75.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	34.5	41.3	37.7
Completely bedfast residents.	12	10.1	6.9	3.4
Residents confined to chairs.	80	67.2	48.9	50.8
Residents requiring restraints.	63	52.9	37.0	41.3
Confused or disoriented residents.	94	79.0	58.8	58.4
Residents with bed sores.	17	14.3	5.5	7.1
Residents receiving special skin care.	27	22.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW VILLAGE

Street Address: 2004 MAX LUTHER DR	**City and State:** HUNTSVILLE AL 35810

Participation: MEDICARE SNF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	38	77.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	44	89.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	40	81.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	83.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	63.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	20	40.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	49.0	41.3	37.7
Completely bedfast residents.	3	6.1	6.9	3.4
Residents confined to chairs.	9	18.4	48.9	50.8
Residents requiring restraints.	5	10.2	37.0	41.3
Confused or disoriented residents.	39	79.6	58.8	58.4
Residents with bed sores.	8	16.3	5.5	7.1
Residents receiving special skin care.	11	22.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESSEX HOUSE OF HUNTSVILLE

Street Address: 4411 MCALLISTER DR NW	**City and State:** HUNTSVILLE AL 35205

Participation: MEDICARE SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 4	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	20	100	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	19	95.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	65.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	45.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	40.0	41.3	37.7
Completely bedfast residents.	3	15.0	6.9	3.4
Residents confined to chairs.	6	30.0	48.9	50.8
Residents requiring restraints.	1	5.0	37.0	41.3
Confused or disoriented residents.	6	30.0	58.8	58.4
Residents with bed sores.	4	20.0	5.5	7.1
Residents receiving special skin care.	5	25.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITESBURG MANOR HLTH CARE CTR

Street Address: 105 TEAKWOOD DR		**City and State:** HUNTSVILLE AL 35801	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
156	1	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	83.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	133	85.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	108	69.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	74.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	57.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	23.1	41.3	37.7
Completely bedfast residents.	5	3.2	6.9	3.4
Residents confined to chairs.	76	48.7	48.9	50.8
Residents requiring restraints.	66	42.3	37.0	41.3
Confused or disoriented residents.	79	50.6	58.8	58.4
Residents with bed sores.	12	7.7	5.5	7.1
Residents receiving special skin care.	4	2.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSON HEALTHCARE FACILITY

Street Address: 2616 N COLLEGE AVE	**City and State:** JACKSON AL 36545

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	84.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	92.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	62	75.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	87.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	87.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	37.8	41.3	37.7
Completely bedfast residents.	7	8.5	6.9	3.4
Residents confined to chairs.	47	57.3	48.9	50.8
Residents requiring restraints.	36	43.9	37.0	41.3
Confused or disoriented residents.	54	65.9	58.8	58.4
Residents with bed sores.	5	6.1	5.5	7.1
Residents receiving special skin care.	1	1.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESSEX HOUSE OF JACKSONVILLE INC

Street Address: 410 W WILSON ST	**City and State:** JACKSONVILLE AL 36265

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 167	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 163	**Medicare Residents:** 10	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	88.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	130	79.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	122	74.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	72.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	62.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	36.2	41.3	37.7
Completely bedfast residents.	4	2.5	6.9	3.4
Residents confined to chairs.	99	60.7	48.9	50.8
Residents requiring restraints.	83	50.9	37.0	41.3
Confused or disoriented residents.	129	79.1	58.8	58.4
Residents with bed sores.	7	4.3	5.5	7.1
Residents receiving special skin care.	18	11.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEVIEW HEALTH CARE CENTER

Street Address: 907 11TH STREET NE	**City and State:** JASPER AL 35501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	77.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	111	82.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	96	71.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	79.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	64.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	41.5	41.3	37.7
Completely bedfast residents.	20	14.8	6.9	3.4
Residents confined to chairs.	63	46.7	48.9	50.8
Residents requiring restraints.	45	33.3	37.0	41.3
Confused or disoriented residents.	65	48.1	58.8	58.4
Residents with bed sores.	7	5.2	5.5	7.1
Residents receiving special skin care.	24	17.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEWOOD MANOR NH INC

Street Address: 201 4TH AVE N		**City and State:** JASPER AL 35501	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	88.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	87.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	70	75.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	87.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	86.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	49.5	41.3	37.7
Completely bedfast residents.	1	1.1	6.9	3.4
Residents confined to chairs.	68	73.1	48.9	50.8
Residents requiring restraints.	26	28.0	37.0	41.3
Confused or disoriented residents.	58	62.4	58.8	58.4
Residents with bed sores.	1	1.1	5.5	7.1
Residents receiving special skin care.	9	9.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADESCREST HEALTH CARE CENTER

Street Address: 2600 OLD PARRISH HWY.,BOX 1012		**City and State:** JASPER AL 35501	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	95.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	85.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	75.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	79.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	69.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	57.8	41.3	37.7
Completely bedfast residents.	6	5.9	6.9	3.4
Residents confined to chairs.	39	38.2	48.9	50.8
Residents requiring restraints.	46	45.1	37.0	41.3
Confused or disoriented residents.	83	81.4	58.8	58.4
Residents with bed sores.	4	3.9	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAUDERDALE CHRISTIAN NH

Street Address: RT 2 BOX 189	**City and State:** KILLEN AL 35645

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 1	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	82.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	71.9	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	42	73.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	63.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	45.6	41.3	37.7
Completely bedfast residents.	2	3.5	6.9	3.4
Residents confined to chairs.	35	61.4	48.9	50.8
Residents requiring restraints.	16	28.1	37.0	41.3
Confused or disoriented residents.	33	57.9	58.8	58.4
Residents with bed sores.	7	12.3	5.5	7.1
Residents receiving special skin care.	12	21.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE EXTENDED CARE INC

Street Address: 805 HOSPITAL ST		**City and State:** LAFAYETTE AL 36862	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	1	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	93.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	100	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	36	83.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	83.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	86.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	4.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	55.8	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	27	62.8	48.9	50.8
Residents requiring restraints.	26	60.5	37.0	41.3
Confused or disoriented residents.	27	62.8	58.8	58.4
Residents with bed sores.	4	9.3	5.5	7.1
Residents receiving special skin care.	28	65.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE NH INC

Street Address: FIRST ST		**City and State:** LAFAYETTE AL 36862	
Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	64.4	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	35	77.8	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	21	46.7	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	64.4	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	35.6	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	26.7	32.4	29.3
Completely bedfast residents.	1	2.2	2.3	3.6
Residents confined to chairs.	4	8.9	19.8	39.1
Residents requiring restraints.	6	13.3	22.9	31.7
Confused or disoriented residents.	19	42.2	47.2	55.8
Residents with bed sores.	4	8.9	3.1	4.7
Residents receiving special skin care.	4	8.9	12.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANETT GERIATRIC CENTER INC

Street Address: 702 S 13TH ST	**City and State:** LANETT AL 36863

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	54.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	75.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	39	60.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	68.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	56.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	45.3	41.3	37.7
Completely bedfast residents.	3	4.7	6.9	3.4
Residents confined to chairs.	31	48.4	48.9	50.8
Residents requiring restraints.	20	31.3	37.0	41.3
Confused or disoriented residents.	26	40.6	58.8	58.4
Residents with bed sores.	6	9.4	5.5	7.1
Residents receiving special skin care.	15	23.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARENGO NH

Street Address: 608 N MAIN ST	**City and State:** LINDEN AL 36748

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	89.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	78.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	39	66.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	93.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	59.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	37.3	41.3	37.7
Completely bedfast residents.	1	1.7	6.9	3.4
Residents confined to chairs.	27	45.8	48.9	50.8
Residents requiring restraints.	19	32.2	37.0	41.3
Confused or disoriented residents.	25	42.4	58.8	58.4
Residents with bed sores.	3	5.1	5.5	7.1
Residents receiving special skin care.	11	18.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINEVILLE NURSING FACILITY

Street Address: PO BOX 545		**City and State:** LINEVILLE AL 36266	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	2	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	96.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	69	87.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	53	67.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	87.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	72.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	44.3	41.3	37.7
Completely bedfast residents.	4	5.1	6.9	3.4
Residents confined to chairs.	26	32.9	48.9	50.8
Residents requiring restraints.	36	45.6	37.0	41.3
Confused or disoriented residents.	48	60.8	58.8	58.4
Residents with bed sores.	7	8.9	5.5	7.1
Residents receiving special skin care.	9	11.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUVERNE NURSING FACILITY

Street Address: 310 W 3 ST		**City and State:** LUVERNE AL 36049	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	3	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	92.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	126	94.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	105	78.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	74.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	70.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	50.7	41.3	37.7
Completely bedfast residents.	8	6.0	6.9	3.4
Residents confined to chairs.	66	49.3	48.9	50.8
Residents requiring restraints.	53	39.6	37.0	41.3
Confused or disoriented residents.	103	76.9	58.8	58.4
Residents with bed sores.	14	10.4	5.5	7.1
Residents receiving special skin care.	18	13.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON MANOR NH

Street Address: 3891 SULLIVAN ST	**City and State:** MADISON AL 35758

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	97.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	73.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	55	73.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	69.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	60.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	68.0	41.3	37.7
Completely bedfast residents.	1	1.3	6.9	3.4
Residents confined to chairs.	28	37.3	48.9	50.8
Residents requiring restraints.	20	26.7	37.0	41.3
Confused or disoriented residents.	50	66.7	58.8	58.4
Residents with bed sores.	2	2.7	5.5	7.1
Residents receiving special skin care.	19	25.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RESURRECTION CATHOLIC NH

Street Address: WHITE CITY RD BOX 89		**City and State:** MARBURY AL 36051	
Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
20	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	100	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	20	100	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	9	45.0	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	30.0	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	20.0	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	20.0	32.4	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	4	20.0	19.8	39.1
Residents requiring restraints.	5	25.0	22.9	31.7
Confused or disoriented residents.	17	85.0	47.2	55.8
Residents with bed sores.	1	5.0	3.1	4.7
Residents receiving special skin care.	0	0.0	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERRY COMMUNITY NH

Street Address: E LAFAYETTE ST		**City and State:** MARION AL 36756	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	1	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	93.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	96.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	13	44.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	65.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	75.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	10.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	55.2	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	18	62.1	48.9	50.8
Residents requiring restraints.	2	6.9	37.0	41.3
Confused or disoriented residents.	10	34.5	58.8	58.4
Residents with bed sores.	1	3.4	5.5	7.1
Residents receiving special skin care.	3	10.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHLAND NH INC

Street Address: 500 SHIVERS TERRACE	**City and State:** MARION AL 36756

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	83.8	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	75.0	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	63.2	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	63.2	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	50.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	5.9	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	35.3	41.3	37.7
Completely bedfast residents.	4	5.9	6.9	3.4
Residents confined to chairs.	34	50.0	48.9	50.8
Residents requiring restraints.	18	26.5	37.0	41.3
Confused or disoriented residents.	44	64.7	58.8	58.4
Residents with bed sores.	1	1.5	5.5	7.1
Residents receiving special skin care.	18	26.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLANTATION MANOR INC

Street Address: PO BOX 97	**City and State:** MCCALLA AL 35111

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	89.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	69	75.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	72	78.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	46.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	54.3	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	46	50.0	48.9	50.8
Residents requiring restraints.	38	41.3	37.0	41.3
Confused or disoriented residents.	62	67.4	58.8	58.4
Residents with bed sores.	2	2.2	5.5	7.1
Residents receiving special skin care.	2	2.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLEN MEMORIAL HOME

Street Address: 735 WASHINGTON AVE	**City and State:** MOBILE AL 36603

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	76.4	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	87.6	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	75.3	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	79.8	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	76.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	50.6	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	62	69.7	48.9	50.8
Residents requiring restraints.	53	59.6	37.0	41.3
Confused or disoriented residents.	66	74.2	58.8	58.4
Residents with bed sores.	9	10.1	5.5	7.1
Residents receiving special skin care.	10	11.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY MANOR HEALTH CARE CENTER

Street Address: 7020 BRUNS DRIVE		**City and State:** MOBILE AL 36609	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	9	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	86.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	91.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	88	79.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	72.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	76.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	33.3	41.3	37.7
Completely bedfast residents.	2	1.8	6.9	3.4
Residents confined to chairs.	73	65.8	48.9	50.8
Residents requiring restraints.	63	56.8	37.0	41.3
Confused or disoriented residents.	89	80.2	58.8	58.4
Residents with bed sores.	8	7.2	5.5	7.1
Residents receiving special skin care.	83	74.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COGBURN HEALTH CENTER INC

Street Address: 148 TUSCALOOSA ST	**City and State:** MOBILE AL 36607

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	**Medicare Residents:** 1	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	91.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	133	90.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	124	84.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	86.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	72.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	35.4	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	90	61.2	48.9	50.8
Residents requiring restraints.	96	65.3	37.0	41.3
Confused or disoriented residents.	100	68.0	58.8	58.4
Residents with bed sores.	7	4.8	5.5	7.1
Residents receiving special skin care.	24	16.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CONVALESCENT CENTER

Street Address: 550 CONGRESS ST		**City and State:** MOBILE AL 36603	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	2	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	85.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	67	59.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	88	78.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	60.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	83.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	35.7	41.3	37.7
Completely bedfast residents.	4	3.6	6.9	3.4
Residents confined to chairs.	59	52.7	48.9	50.8
Residents requiring restraints.	44	39.3	37.0	41.3
Confused or disoriented residents.	60	53.6	58.8	58.4
Residents with bed sores.	15	13.4	5.5	7.1
Residents receiving special skin care.	2	1.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAUPHIN HEALTH CARE FACILITY INC

Street Address: 3717 DAUPHIN ST		**City and State:** MOBILE AL 36608	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	3	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	129	87.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	133	90.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	121	82.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	78.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	69.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	46.3	41.3	37.7
Completely bedfast residents.	22	15.0	6.9	3.4
Residents confined to chairs.	90	61.2	48.9	50.8
Residents requiring restraints.	81	55.1	37.0	41.3
Confused or disoriented residents.	114	77.6	58.8	58.4
Residents with bed sores.	6	4.1	5.5	7.1
Residents receiving special skin care.	36	24.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE NURSING + CONV CTR INC

Street Address: 954 NAVCO RD		**City and State:** MOBILE AL 36690	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
132	1	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	87.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	110	83.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	96	72.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	72.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	86.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	46.2	41.3	37.7
Completely bedfast residents.	4	3.0	6.9	3.4
Residents confined to chairs.	72	54.5	48.9	50.8
Residents requiring restraints.	34	25.8	37.0	41.3
Confused or disoriented residents.	69	52.3	58.8	58.4
Residents with bed sores.	10	7.6	5.5	7.1
Residents receiving special skin care.	43	32.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONVALESCENT CENTER

Street Address: 1758 SPRINGHILL AVE		**City and State:** MOBILE AL 36607	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
159	3	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	83.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	141	88.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	128	80.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	81.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	84.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	7	4.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	41.5	41.3	37.7
Completely bedfast residents.	22	13.8	6.9	3.4
Residents confined to chairs.	73	45.9	48.9	50.8
Residents requiring restraints.	104	65.4	37.0	41.3
Confused or disoriented residents.	82	51.6	58.8	58.4
Residents with bed sores.	24	15.1	5.5	7.1
Residents receiving special skin care.	4	2.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IDEAL REST HOME INC

Street Address: 1203 GOVERNMENT ST	**City and State:** MOBILE AL 36604

Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	100	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	36	100	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	25	69.4	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	100	48.2	59.1
Residents on individually written bowel and bladder retraining program.	30	83.3	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	27.8	32.4	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	14	38.9	19.8	39.1
Residents requiring restraints.	12	33.3	22.9	31.7
Confused or disoriented residents.	18	50.0	47.2	55.8
Residents with bed sores.	2	5.6	3.1	4.7
Residents receiving special skin care.	14	38.9	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE SISTERS OF POOR SACRED HEART

Street Address: 1655 MCGILL AVE BOX 6633	**City and State:** MOBILE AL 36604

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	59.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	56.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	45	54.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	41.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	54.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	29.3	41.3	37.7
Completely bedfast residents.	2	2.4	6.9	3.4
Residents confined to chairs.	32	39.0	48.9	50.8
Residents requiring restraints.	12	14.6	37.0	41.3
Confused or disoriented residents.	30	36.6	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	35	42.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYNWOOD NH

Street Address: 4164 HALLS MILL RD	**City and State:** MOBILE AL 36609

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	92.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	116	92.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	105	83.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	86.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	69.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	48.4	41.3	37.7
Completely bedfast residents.	8	6.3	6.9	3.4
Residents confined to chairs.	75	59.5	48.9	50.8
Residents requiring restraints.	54	42.9	37.0	41.3
Confused or disoriented residents.	78	61.9	58.8	58.4
Residents with bed sores.	10	7.9	5.5	7.1
Residents receiving special skin care.	25	19.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING HILL MANOR NH

Street Address: 3900 OLD SHELL RD BOX 8395		**City and State:** MOBILE AL 36608	
Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	89.7	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	27	93.1	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	27	93.1	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	89.7	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	93.1	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	58.6	32.4	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	16	55.2	19.8	39.1
Residents requiring restraints.	15	51.7	22.9	31.7
Confused or disoriented residents.	26	89.7	47.2	55.8
Residents with bed sores.	2	6.9	3.1	4.7
Residents receiving special skin care.	2	6.9	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN OAKS NH

Street Address: 857 CRAWFORD LANE		**City and State:** MOBILE AL 36617	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 1	**Medicaid Residents:** 101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	67.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	76.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	72.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	72.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	74.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	48.6	41.3	37.7
Completely bedfast residents.	1	0.9	6.9	3.4
Residents confined to chairs.	55	51.4	48.9	50.8
Residents requiring restraints.	42	39.3	37.0	41.3
Confused or disoriented residents.	68	63.6	58.8	58.4
Residents with bed sores.	7	6.5	5.5	7.1
Residents receiving special skin care.	30	28.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ENGLEWOOD HEALTH CARE CENTER

Street Address: RT 2 BOX 800		**City and State:** MONROEVILLE AL 36460	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 2	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	97.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	71	97.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	70	95.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	91.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	86.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	20	27.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	46.6	41.3	37.7
Completely bedfast residents.	2	2.7	6.9	3.4
Residents confined to chairs.	39	53.4	48.9	50.8
Residents requiring restraints.	55	75.3	37.0	41.3
Confused or disoriented residents.	51	69.9	58.8	58.4
Residents with bed sores.	1	1.4	5.5	7.1
Residents receiving special skin care.	2	2.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONROE MANOR NH

Street Address: 236 W CLAIBORNE ST		**City and State:** MONROEVILLE AL 36460	
Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	82.2	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	38	84.4	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	34	75.6	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	75.6	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	35.6	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	20.0	32.4	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	6	13.3	19.8	39.1
Residents requiring restraints.	19	42.2	22.9	31.7
Confused or disoriented residents.	13	28.9	47.2	55.8
Residents with bed sores.	0	0.0	3.1	4.7
Residents receiving special skin care.	1	2.2	12.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONROE MANOR NH

Street Address: 236 W CLAIBORNE ST	**City and State:** MONROEVILLE AL 36460

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	77.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	33	67.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	36	73.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	85.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	73.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	59.2	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	8	16.3	48.9	50.8
Residents requiring restraints.	26	53.1	37.0	41.3
Confused or disoriented residents.	29	59.2	58.8	58.4
Residents with bed sores.	3	6.1	5.5	7.1
Residents receiving special skin care.	1	2.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMBRIDGE HC FACILITY OF MONTGOMERY

Street Address: 100 PERRY HILL RD	**City and State:** MONTGOMERY AL 36109

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 2	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	87.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	96	86.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	83	74.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	82.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	74.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	36.9	41.3	37.7
Completely bedfast residents.	11	9.9	6.9	3.4
Residents confined to chairs.	55	49.5	48.9	50.8
Residents requiring restraints.	49	44.1	37.0	41.3
Confused or disoriented residents.	85	76.6	58.8	58.4
Residents with bed sores.	6	5.4	5.5	7.1
Residents receiving special skin care.	6	5.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPITOL HILL HLTH CARE CTR

Street Address: 520 SOUTH HULL	**City and State:** MONTGOMERY AL 36197

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 284	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 244	**Medicare Residents:** 10	**Medicaid Residents:** 184

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	193	79.1	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	196	80.3	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	185	75.8	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	65.2	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	178	73.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	7	2.9	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	24.6	41.3	37.7
Completely bedfast residents.	11	4.5	6.9	3.4
Residents confined to chairs.	144	59.0	48.9	50.8
Residents requiring restraints.	63	25.8	37.0	41.3
Confused or disoriented residents.	155	63.5	58.8	58.4
Residents with bed sores.	16	6.6	5.5	7.1
Residents receiving special skin care.	43	17.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR CREST

Street Address: 4490 VIRGINIA LOOP RD	**City and State:** MONTGOMERY AL 36116

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 4	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	58.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	81.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	72	71.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	61.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	67.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	8	7.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	43.6	41.3	37.7
Completely bedfast residents.	2	2.0	6.9	3.4
Residents confined to chairs.	22	21.8	48.9	50.8
Residents requiring restraints.	12	11.9	37.0	41.3
Confused or disoriented residents.	61	60.4	58.8	58.4
Residents with bed sores.	2	2.0	5.5	7.1
Residents receiving special skin care.	101	100	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FATHER PURCELL MEMORIAL EXC CHILDRENS

Street Address: 2048 W FAIRVIEW AVE	**City and State:** MONTGOMERY AL 36196

Participation: MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	100	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	58	100	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	100	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	100	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	55	94.8	48.9	50.8
Residents requiring restraints.	55	94.8	37.0	41.3
Confused or disoriented residents.	0	0.0	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	58	100	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FATHER WALTER MEM CHILD CARE CTR

Street Address: 2815 FORBES DRIVE		**City and State:** MONTGOMERY AL 36110	
Participation: MEDICAID SNF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	97.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	97.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	42	97.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	97.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	97.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	42	97.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	97.7	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	40	93.0	48.9	50.8
Residents requiring restraints.	2	4.7	37.0	41.3
Confused or disoriented residents.	40	93.0	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN KNOX MANOR INC II

Street Address: 4401 NARROW LANE RD		**City and State:** MONTGOMERY AL 36116	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	1	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	92.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	86.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	70	71.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	71.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	68.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	43.9	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	42	42.9	48.9	50.8
Residents requiring restraints.	53	54.1	37.0	41.3
Confused or disoriented residents.	72	73.5	58.8	58.4
Residents with bed sores.	8	8.2	5.5	7.1
Residents receiving special skin care.	8	8.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA MANOR

Street Address: 1837 UPPER WETUMPKA RD	**City and State:** MONTGOMERY AL 36199

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 185	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 2	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	72.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	74.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	51	72.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	71.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	47.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	6	8.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	22.9	41.3	37.7
Completely bedfast residents.	2	2.9	6.9	3.4
Residents confined to chairs.	28	40.0	48.9	50.8
Residents requiring restraints.	24	34.3	37.0	41.3
Confused or disoriented residents.	35	50.0	58.8	58.4
Residents with bed sores.	2	2.9	5.5	7.1
Residents receiving special skin care.	18	25.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH HAVEN MANOR NH

Street Address: 1300 E SOUTH BLVD	**City and State:** MONTGOMERY AL 36116

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 2	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	47	62.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	73.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	51	68.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	66.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	26.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.3	41.3	37.7
Completely bedfast residents.	1	1.3	6.9	3.4
Residents confined to chairs.	26	34.7	48.9	50.8
Residents requiring restraints.	26	34.7	37.0	41.3
Confused or disoriented residents.	40	53.3	58.8	58.4
Residents with bed sores.	2	2.7	5.5	7.1
Residents receiving special skin care.	5	6.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TYSON MANOR HEALTH FACILITY

Street Address: 2020 NORTH COUNTRY CLUB DRIVE	**City and State:** MONTGOMERY AL 36106

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 7	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	92.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	104	89.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	94	81.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	86.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	75.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	53.4	41.3	37.7
Completely bedfast residents.	18	15.5	6.9	3.4
Residents confined to chairs.	63	54.3	48.9	50.8
Residents requiring restraints.	50	43.1	37.0	41.3
Confused or disoriented residents.	94	81.0	58.8	58.4
Residents with bed sores.	6	5.2	5.5	7.1
Residents receiving special skin care.	70	60.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLEY MANOR NH INC

Street Address: 3312 WOODLEY RD		**City and State:** MONTGOMERY AL 36111	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	76.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	74.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	68	72.3	74.1	73.8
Transterring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	70.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	57.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	28.7	41.3	37.7
Completely bedfast residents.	1	1.1	6.9	3.4
Residents confined to chairs.	54	57.4	48.9	50.8
Residents requiring restraints.	14	14.9	37.0	41.3
Confused or disoriented residents.	49	52.1	58.8	58.4
Residents with bed sores.	5	5.3	5.5	7.1
Residents receiving special skin care.	5	5.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTROSE BAY HEALTH CARE CENTER

Street Address: HIGHWAY 98 BOX 256	**City and State:** MONTROSE AL 36559

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	83	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	3	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	91.5	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	93.9	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	70.7	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	84.1	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	72.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	6.1	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	36.6	41.3	37.7
Completely bedfast residents.	4	4.9	6.9	3.4
Residents confined to chairs.	24	29.3	48.9	50.8
Residents requiring restraints.	28	34.1	37.0	41.3
Confused or disoriented residents.	57	69.5	58.8	58.4
Residents with bed sores.	0	0.0	5.5	7.1
Residents receiving special skin care.	11	13.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOULTON HEALTH CARE CENTER

Street Address: 206 HOSPITAL ST BOX 336		**City and State:** MOULTON AL 35650	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
129	9	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	86.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	78.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	93	72.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	64.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	68.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	43.4	41.3	37.7
Completely bedfast residents.	12	9.3	6.9	3.4
Residents confined to chairs.	68	52.7	48.9	50.8
Residents requiring restraints.	33	25.6	37.0	41.3
Confused or disoriented residents.	70	54.3	58.8	58.4
Residents with bed sores.	8	6.2	5.5	7.1
Residents receiving special skin care.	29	22.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNDVILLE NH INC

Street Address: 4TH ST	**City and State:** MOUNDVILLE AL 35474

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 1	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	89.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	82.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	43	76.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	69.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	53.6	41.3	37.7
Completely bedfast residents.	3	5.4	6.9	3.4
Residents confined to chairs.	31	55.4	48.9	50.8
Residents requiring restraints.	21	37.5	37.0	41.3
Confused or disoriented residents.	22	39.3	58.8	58.4
Residents with bed sores.	6	10.7	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MUSCLE SHOALS NH

Street Address: 200 ALABAMA AVE	**City and State:** MUSCLE SHOALS AL 35661

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	65.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	82.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	59	88.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	88.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	65.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	4.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	28.4	41.3	37.7
Completely bedfast residents.	4	6.0	6.9	3.4
Residents confined to chairs.	41	61.2	48.9	50.8
Residents requiring restraints.	26	38.8	37.0	41.3
Confused or disoriented residents.	45	67.2	58.8	58.4
Residents with bed sores.	3	4.5	5.5	7.1
Residents receiving special skin care.	9	13.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESTES HEALTH CARE CENTER GLEN HAVEN

Street Address: 2201 32ND ST		**City and State:** NORTHPORT AL 35476	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	83.1	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	139	86.9	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	138	86.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	84.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	65.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	43.8	41.3	37.7
Completely bedfast residents.	18	11.2	6.9	3.4
Residents confined to chairs.	51	31.9	48.9	50.8
Residents requiring restraints.	93	58.1	37.0	41.3
Confused or disoriented residents.	132	82.5	58.8	58.4
Residents with bed sores.	13	8.1	5.5	7.1
Residents receiving special skin care.	15	9.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESTES HEALTH CARE CENTER N

Street Address: 600 34TH ST	**City and State:** NORTHPORT AL 35476

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	58.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	61	89.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	61	89.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	82.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	69.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	50.0	41.3	37.7
Completely bedfast residents.	9	13.2	6.9	3.4
Residents confined to chairs.	32	47.1	48.9	50.8
Residents requiring restraints.	18	26.5	37.0	41.3
Confused or disoriented residents.	32	47.1	58.8	58.4
Residents with bed sores.	1	1.5	5.5	7.1
Residents receiving special skin care.	1	1.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESTES HEALTH CARE CTR PARK MANOR

Street Address: 82 BY PASS	**City and State:** NORTHPORT AL 35476

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149	**Medicare Residents:** 2	**Medicaid Residents:** 125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	77.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	111	74.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	86	57.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	61.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	57.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	79	53.0	41.3	37.7
Completely bedfast residents.	12	8.1	6.9	3.4
Residents confined to chairs.	79	53.0	48.9	50.8
Residents requiring restraints.	45	30.2	37.0	41.3
Confused or disoriented residents.	42	28.2	58.8	58.4
Residents with bed sores.	5	3.4	5.5	7.1
Residents receiving special skin care.	14	9.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST MANOR INC

Street Address: 2215 32 ST	**City and State:** NORTHPORT AL 35476

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	**Medicare Residents:** 1	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	136	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	103	75.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	99	72.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	68.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	64.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	37.5	41.3	37.7
Completely bedfast residents.	10	7.4	6.9	3.4
Residents confined to chairs.	41	30.1	48.9	50.8
Residents requiring restraints.	24	17.6	37.0	41.3
Confused or disoriented residents.	36	26.5	58.8	58.4
Residents with bed sores.	6	4.4	5.5	7.1
Residents receiving special skin care.	11	8.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
S D ALLEN I C F

Street Address: 6901 5TH ST OLD COLUMBUS HWY		**City and State:** NORTHPORT AL 35476	
Participation: MEDICAID ICF	**# of Beds:** 138	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
135	0	130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	56.3	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	51	37.8	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	17	12.6	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	23.0	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	10.4	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	7.4	32.4	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	5	3.7	19.8	39.1
Residents requiring restraints.	4	3.0	22.9	31.7
Confused or disoriented residents.	61	45.2	47.2	55.8
Residents with bed sores.	0	0.0	3.1	4.7
Residents receiving special skin care.	4	3.0	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ONEONTA MANOR NH

Street Address: 210 SHIRLEY ST		**City and State:** ONEONTA AL 35121	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	67.3	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	77.6	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	72.4	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	64.3	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	68.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	6	6.1	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.6	41.3	37.7
Completely bedfast residents.	9	9.2	6.9	3.4
Residents confined to chairs.	35	35.7	48.9	50.8
Residents requiring restraints.	26	26.5	37.0	41.3
Confused or disoriented residents.	56	57.1	58.8	58.4
Residents with bed sores.	1	1.0	5.5	7.1
Residents receiving special skin care.	3	3.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

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NURSING HOME PROFILE
OPELIKA NH

Street Address: PEPPERELL PKWY	**City and State:** OPELIKA AL 36801

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 225	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 222	**Medicare Residents:** 3	**Medicaid Residents:** 160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	175	78.8	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	172	77.5	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	140	63.1	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	73.4	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	62.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	23.9	41.3	37.7
Completely bedfast residents.	3	1.4	6.9	3.4
Residents confined to chairs.	121	54.5	48.9	50.8
Residents requiring restraints.	43	19.4	37.0	41.3
Confused or disoriented residents.	154	69.4	58.8	58.4
Residents with bed sores.	7	3.2	5.5	7.1
Residents receiving special skin care.	15	6.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OPP NURSING FACILITY

Street Address: PAULK AVE BOX 638		**City and State:** OPP AL 36467	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 179	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
174	3	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	87.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	133	76.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	103	59.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	67.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	51.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	40.8	41.3	37.7
Completely bedfast residents.	44	25.3	6.9	3.4
Residents confined to chairs.	46	26.4	48.9	50.8
Residents requiring restraints.	66	37.9	37.0	41.3
Confused or disoriented residents.	77	44.3	58.8	58.4
Residents with bed sores.	2	1.1	5.5	7.1
Residents receiving special skin care.	26	14.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL PINES HEALTH CARE CENTER

Street Address: 1130 HALE ST		**City and State:** OXFORD AL 36203	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 173	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 1	**Medicaid Residents:** 140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	80.2	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	138	82.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	111	66.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	81.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	44.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	31.7	41.3	37.7
Completely bedfast residents.	11	6.6	6.9	3.4
Residents confined to chairs.	46	27.5	48.9	50.8
Residents requiring restraints.	47	28.1	37.0	41.3
Confused or disoriented residents.	86	51.5	58.8	58.4
Residents with bed sores.	12	7.2	5.5	7.1
Residents receiving special skin care.	20	12.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW MANOR INC

Street Address: MIXON SCHOOL RD		**City and State:** OZARK AL 36360	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	79.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	77.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	76	71.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	73.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	72.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	43.0	41.3	37.7
Completely bedfast residents.	8	7.5	6.9	3.4
Residents confined to chairs.	69	64.5	48.9	50.8
Residents requiring restraints.	59	55.1	37.0	41.3
Confused or disoriented residents.	75	70.1	58.8	58.4
Residents with bed sores.	2	1.9	5.5	7.1
Residents receiving special skin care.	43	40.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OZARK NH INC

Street Address: BRYAN DR	**City and State:** OZARK AL 36360

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 2	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	98.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	103	84.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	92	75.4	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	83.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	73.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	22	18.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	78	63.9	41.3	37.7
Completely bedfast residents.	5	4.1	6.9	3.4
Residents confined to chairs.	74	60.7	48.9	50.8
Residents requiring restraints.	22	18.0	37.0	41.3
Confused or disoriented residents.	79	64.8	58.8	58.4
Residents with bed sores.	14	11.5	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INGRAM MANOR NH

Street Address: 510 WOLF CREEK RD N	**City and State:** PELL CITY AL 35125

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	68	97.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	45	64.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	67.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	58.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	47.1	41.3	37.7
Completely bedfast residents.	3	4.3	6.9	3.4
Residents confined to chairs.	39	55.7	48.9	50.8
Residents requiring restraints.	18	25.7	37.0	41.3
Confused or disoriented residents.	53	75.7	58.8	58.4
Residents with bed sores.	4	5.7	5.5	7.1
Residents receiving special skin care.	30	42.9	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CLAIR HEALTH CARE CENTER

Street Address: RT 6 BOX 1190		**City and State:** PELL CITY AL 35125	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	59.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	33	70.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	26	55.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	53.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	57.4	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	14.9	41.3	37.7
Completely bedfast residents.	1	2.1	6.9	3.4
Residents confined to chairs.	16	34.0	48.9	50.8
Residents requiring restraints.	10	21.3	37.0	41.3
Confused or disoriented residents.	47	100	58.8	58.4
Residents with bed sores.	4	8.5	5.5	7.1
Residents receiving special skin care.	6	12.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY HEALTH FACILITY

Street Address: 1720 KNOWLES RD		**City and State:** PHENIX CITY AL 36867	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	26	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	91.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	84.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	71	73.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	85.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	62.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	60.8	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	72	74.2	48.9	50.8
Residents requiring restraints.	25	25.8	37.0	41.3
Confused or disoriented residents.	68	70.1	58.8	58.4
Residents with bed sores.	3	3.1	5.5	7.1
Residents receiving special skin care.	10	10.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKWOOD HEALTH FACILITY

Street Address: 3301 STADIUM DR	**City and State:** PHENIX CITY AL 36867

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 1	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	74.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	63	90.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	45	64.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	47.1	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	64.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	24.3	41.3	37.7
Completely bedfast residents.	1	1.4	6.9	3.4
Residents confined to chairs.	45	64.3	48.9	50.8
Residents requiring restraints.	23	32.9	37.0	41.3
Confused or disoriented residents.	40	57.1	58.8	58.4
Residents with bed sores.	4	5.7	5.5	7.1
Residents receiving special skin care.	3	4.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PHENIX CITY NH INC

Street Address: 3900 LAKEWOOD DR		**City and State:** PHENIX CITY AL 36867	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	2	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	90.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	76.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	58	77.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	76.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	64.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	26.7	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	56	74.7	48.9	50.8
Residents requiring restraints.	12	16.0	37.0	41.3
Confused or disoriented residents.	40	53.3	58.8	58.4
Residents with bed sores.	8	10.7	5.5	7.1
Residents receiving special skin care.	3	4.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIEDMONT NH

Street Address: CALHOUN ST BOX 330		**City and State:** PIEDMONT AL 36272	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	80.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	27	87.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	23	74.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	80.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	80.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	8	25.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	45.2	41.3	37.7
Completely bedfast residents.	2	6.5	6.9	3.4
Residents confined to chairs.	21	67.7	48.9	50.8
Residents requiring restraints.	21	67.7	37.0	41.3
Confused or disoriented residents.	21	67.7	58.8	58.4
Residents with bed sores.	1	3.2	5.5	7.1
Residents receiving special skin care.	31	100	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COTTAGE HILL HEALTH CARE CENTER

Street Address: 700 1 ST AVE		**City and State:** PLEASANT GROVE AL 35127	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	2	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	80.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	80.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	43	70.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	59.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	54.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	26.2	41.3	37.7
Completely bedfast residents.	4	6.6	6.9	3.4
Residents confined to chairs.	27	44.3	48.9	50.8
Residents requiring restraints.	39	63.9	37.0	41.3
Confused or disoriented residents.	31	50.8	58.8	58.4
Residents with bed sores.	3	4.9	5.5	7.1
Residents receiving special skin care.	2	3.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT GROVE HEALTH CARE CENTER

Street Address: 30 7TH ST	**City and State:** PLEASANT GROVE AL 35127

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 198	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	**Medicare Residents:** 0	**Medicaid Residents:** 144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	64.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	36.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	118	66.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	68.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	59.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	35.4	41.3	37.7
Completely bedfast residents.	14	7.9	6.9	3.4
Residents confined to chairs.	82	46.1	48.9	50.8
Residents requiring restraints.	34	19.1	37.0	41.3
Confused or disoriented residents.	121	68.0	58.8	58.4
Residents with bed sores.	17	9.6	5.5	7.1
Residents receiving special skin care.	20	11.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTAUGA HEALTH CARE CENTER

Street Address: 750 WETUMPKA ST		**City and State:** PRATTVILLE AL 36067	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	85.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	91.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	58	81.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	84.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	60.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	5	7.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	33.8	41.3	37.7
Completely bedfast residents.	14	19.7	6.9	3.4
Residents confined to chairs.	38	53.5	48.9	50.8
Residents requiring restraints.	19	26.8	37.0	41.3
Confused or disoriented residents.	66	93.0	58.8	58.4
Residents with bed sores.	6	8.5	5.5	7.1
Residents receiving special skin care.	16	22.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RED BAY NH

Street Address: 106 10TH AV N	**City and State:** RED BAY AL 35582

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 1	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	89.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	74.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	59	75.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	62.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	67.9	66.6	68.2
Residents on individually written bowel and bladder retraining program.	24	30.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	59.0	41.3	37.7
Completely bedfast residents.	18	23.1	6.9	3.4
Residents confined to chairs.	25	32.1	48.9	50.8
Residents requiring restraints.	29	37.2	37.0	41.3
Confused or disoriented residents.	21	26.9	58.8	58.4
Residents with bed sores.	3	3.8	5.5	7.1
Residents receiving special skin care.	2	2.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PICKENS CO HEALTH CARE INC

Street Address: 512 COLUMBUS AVE		**City and State:** REFORM AL 35481	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	1	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	96.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	71	85.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	50	60.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	74.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	68.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	32.5	41.3	37.7
Completely bedfast residents.	8	9.6	6.9	3.4
Residents confined to chairs.	41	49.4	48.9	50.8
Residents requiring restraints.	32	38.6	37.0	41.3
Confused or disoriented residents.	20	24.1	58.8	58.4
Residents with bed sores.	9	10.8	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSSER NH

Street Address: SEYMORE AVE	**City and State:** ROANOKE AL 36274

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	86.0	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	39	78.0	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	32	64.0	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	64.0	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	58.0	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	10.0	32.4	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	12	24.0	19.8	39.1
Residents requiring restraints.	11	22.0	22.9	31.7
Confused or disoriented residents.	15	30.0	47.2	55.8
Residents with bed sores.	2	4.0	3.1	4.7
Residents receiving special skin care.	0	0.0	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRAYLOR NH

Street Address: 402 YANCY ST		**City and State:** ROANOKE AL 36274	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	98.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	86.3	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	72	75.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	75.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	75.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	52.6	41.3	37.7
Completely bedfast residents.	1	1.1	6.9	3.4
Residents confined to chairs.	66	69.5	48.9	50.8
Residents requiring restraints.	52	54.7	37.0	41.3
Confused or disoriented residents.	68	71.6	58.8	58.4
Residents with bed sores.	2	2.1	5.5	7.1
Residents receiving special skin care.	4	4.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURNS NH INC

Street Address: 701 MONROE ST	**City and State:** RUSSELLVILLE AL 35653

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	91.5	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	36	76.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	37	78.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	80.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	87.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	42.6	41.3	37.7
Completely bedfast residents.	1	2.1	6.9	3.4
Residents confined to chairs.	18	38.3	48.9	50.8
Residents requiring restraints.	12	25.5	37.0	41.3
Confused or disoriented residents.	45	95.7	58.8	58.4
Residents with bed sores.	3	6.4	5.5	7.1
Residents receiving special skin care.	5	10.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH ALABAMA NH

Street Address: 705 GANDY ST		**City and State:** RUSSELLVILLE AL 35653	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	1	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	86.0	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	35	70.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	68.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	58.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	6.0	41.3	37.7
Completely bedfast residents.	8	16.0	6.9	3.4
Residents confined to chairs.	13	26.0	48.9	50.8
Residents requiring restraints.	11	22.0	37.0	41.3
Confused or disoriented residents.	25	50.0	58.8	58.4
Residents with bed sores.	4	8.0	5.5	7.1
Residents receiving special skin care.	5	10.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRACE MANOR NH INC

Street Address: RT 1 BOX 12 UNDERWOOD RD		**City and State:** RUSSELLVILLE AL 35653	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	70.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	95.1	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	33	80.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	85.4	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	80.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	36.6	41.3	37.7
Completely bedfast residents.	5	12.2	6.9	3.4
Residents confined to chairs.	22	53.7	48.9	50.8
Residents requiring restraints.	6	14.6	37.0	41.3
Confused or disoriented residents.	23	56.1	58.8	58.4
Residents with bed sores.	3	7.3	5.5	7.1
Residents receiving special skin care.	6	14.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSON CO HOSP & NH

Street Address: WOOD COVE RD BOX 1050		**City and State:** SCOTTSBORO AL 35768	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	97.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	95.8	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	36	75.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	6	12.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	50.0	41.3	37.7
Completely bedfast residents.	7	14.6	6.9	3.4
Residents confined to chairs.	18	37.5	48.9	50.8
Residents requiring restraints.	21	43.8	37.0	41.3
Confused or disoriented residents.	40	83.3	58.8	58.4
Residents with bed sores.	5	10.4	5.5	7.1
Residents receiving special skin care.	17	35.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCOTTSBORO NH

Street Address: CLOVERDALE RD	**City and State:** SCOTTSBORO AL 35768

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	91.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	69	74.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	67	72.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	53.8	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	68.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	53.8	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	29	31.2	48.9	50.8
Residents requiring restraints.	36	38.7	37.0	41.3
Confused or disoriented residents.	60	64.5	58.8	58.4
Residents with bed sores.	4	4.3	5.5	7.1
Residents receiving special skin care.	16	17.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUNN REST HOME INC

Street Address: 515 MABRY ST		**City and State:** SELMA AL 36701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 6	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	78.4	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	87.5	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	69.3	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	62.5	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	56.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	7	8.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	59.1	41.3	37.7
Completely bedfast residents.	8	9.1	6.9	3.4
Residents confined to chairs.	34	38.6	48.9	50.8
Residents requiring restraints.	26	29.5	37.0	41.3
Confused or disoriented residents.	19	21.6	58.8	58.4
Residents with bed sores.	2	2.3	5.5	7.1
Residents receiving special skin care.	12	13.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIGHTHOUSE CONVALESCENT HOME

Street Address: 2911 RANGELINE RD BOX 993		**City and State:** SELMA AL 36701	
Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	85.1	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	41	87.2	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	42	89.4	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	87.2	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	74.5	32.4	29.3
Completely bedfast residents.	1	2.1	2.3	3.6
Residents confined to chairs.	19	40.4	19.8	39.1
Residents requiring restraints.	14	29.8	22.9	31.7
Confused or disoriented residents.	19	40.4	47.2	55.8
Residents with bed sores.	4	8.5	3.1	4.7
Residents receiving special skin care.	4	8.5	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WARREN MANOR NH

Street Address: 11 BELL RD	**City and State:** SELMA AL 36701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 1	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	64.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	96	76.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	71	56.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	61.9	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	51.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	29.4	41.3	37.7
Completely bedfast residents.	9	7.1	6.9	3.4
Residents confined to chairs.	50	39.7	48.9	50.8
Residents requiring restraints.	31	24.6	37.0	41.3
Confused or disoriented residents.	49	38.9	58.8	58.4
Residents with bed sores.	9	7.1	5.5	7.1
Residents receiving special skin care.	6	4.8	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER VILLAGE

Street Address: 500 SPANISH FORT BLVD	**City and State:** SPANISH FORT AL 36527

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	51	92.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	90.9	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	40	72.7	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	65.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	40.0	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	28	50.9	48.9	50.8
Residents requiring restraints.	19	34.5	37.0	41.3
Confused or disoriented residents.	35	63.6	58.8	58.4
Residents with bed sores.	3	5.5	5.5	7.1
Residents receiving special skin care.	2	3.6	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SYLACAUGA HEALTH CARE CENTER

Street Address: FAYETTEVILLE RD BOX 1123	**City and State:** SYLACAUGA AL 35150

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 2	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	77.3	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	99	83.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	95	79.8	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	79.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	70.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	23	19.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	48.7	41.3	37.7
Completely bedfast residents.	8	6.7	6.9	3.4
Residents confined to chairs.	85	71.4	48.9	50.8
Residents requiring restraints.	27	22.7	37.0	41.3
Confused or disoriented residents.	79	66.4	58.8	58.4
Residents with bed sores.	5	4.2	5.5	7.1
Residents receiving special skin care.	3	2.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SYLACAUGA NH

Street Address: W HICKORY ST	**City and State:** SYLACAUGA AL 35150

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	90.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	82.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	39	75.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	71.2	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	75.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	46.2	41.3	37.7
Completely bedfast residents.	12	23.1	6.9	3.4
Residents confined to chairs.	31	59.6	48.9	50.8
Residents requiring restraints.	21	40.4	37.0	41.3
Confused or disoriented residents.	45	86.5	58.8	58.4
Residents with bed sores.	2	3.8	5.5	7.1
Residents receiving special skin care.	8	15.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TALLADEGA NH INC

Street Address: 616 CHAFFEE ST	**City and State:** TALLADEGA AL 35160

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 200	**Medicare Residents:** 2	**Medicaid Residents:** 158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	200	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	193	96.5	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	135	67.5	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	39.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	47.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	20.0	41.3	37.7
Completely bedfast residents.	1	0.5	6.9	3.4
Residents confined to chairs.	77	38.5	48.9	50.8
Residents requiring restraints.	3	1.5	37.0	41.3
Confused or disoriented residents.	108	54.0	58.8	58.4
Residents with bed sores.	4	2.0	5.5	7.1
Residents receiving special skin care.	6	3.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NH OF TALLASSEE INC

Street Address: WETUMPKA HWY RT 2 BOX 516	**City and State:** TALLASSEE AL 36078

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	81	NON-PROFIT OTHER	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	90.7	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	89.3	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	72.0	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	73.3	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	62.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	15	20.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	44.0	41.3	37.7
Completely bedfast residents.	11	14.7	6.9	3.4
Residents confined to chairs.	45	60.0	48.9	50.8
Residents requiring restraints.	35	46.7	37.0	41.3
Confused or disoriented residents.	71	94.7	58.8	58.4
Residents with bed sores.	5	6.7	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THOMASVILLE NH

Street Address: 1440 HIGHWAY 43 N	**City and State:** THOMASVILLE AL 36784

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 1	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	77.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	77.6	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	38	77.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	65.3	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	8.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	44.9	41.3	37.7
Completely bedfast residents.	7	14.3	6.9	3.4
Residents confined to chairs.	27	55.1	48.9	50.8
Residents requiring restraints.	16	32.7	37.0	41.3
Confused or disoriented residents.	20	40.8	58.8	58.4
Residents with bed sores.	1	2.0	5.5	7.1
Residents receiving special skin care.	2	4.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIKEMANOR HEALTH CARE CENTER

Street Address: ELBA HWY DRAWER 787	**City and State:** TROY AL 36081

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
161	1	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	78.9	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	142	88.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	137	85.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	85.7	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	82.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	46.6	41.3	37.7
Completely bedfast residents.	18	11.2	6.9	3.4
Residents confined to chairs.	85	52.8	48.9	50.8
Residents requiring restraints.	81	50.3	37.0	41.3
Confused or disoriented residents.	105	65.2	58.8	58.4
Residents with bed sores.	11	6.8	5.5	7.1
Residents receiving special skin care.	2	1.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRUSSVILLE HEALTHCARE CENTER

Street Address: 147 CHALKVILLE RD BOX 65	**City and State:** TRUSSVILLE AL 35173

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	61.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	110	89.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	97	78.9	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	84.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	74.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	45.5	41.3	37.7
Completely bedfast residents.	6	4.9	6.9	3.4
Residents confined to chairs.	52	42.3	48.9	50.8
Residents requiring restraints.	43	35.0	37.0	41.3
Confused or disoriented residents.	66	53.7	58.8	58.4
Residents with bed sores.	6	4.9	5.5	7.1
Residents receiving special skin care.	26	21.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALICE KIDD ICF

Street Address: 200 UNIVERSITY BLVD DRAWER 9		**City and State:** TUSCALOOSA AL 35402	
Participation: MEDICAID ICF	**# of Beds:** 216	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
200	0	145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	156	78.0	78.3	78.3
Dressing Residents requiring some or total assistance in dressing.	157	78.5	73.3	76.7
Toileting Residents requiring some or total assistance in toileting.	115	57.5	53.5	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	44.5	55.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	46.5	48.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	74	37.0	32.4	29.3
Completely bedfast residents.	0	0.0	2.3	3.6
Residents confined to chairs.	13	6.5	19.8	39.1
Residents requiring restraints.	36	18.0	22.9	31.7
Confused or disoriented residents.	45	22.5	47.2	55.8
Residents with bed sores.	3	1.5	3.1	4.7
Residents receiving special skin care.	39	19.5	12.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	14.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	1	7.1	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	14.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	1	7.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	14.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	5	35.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	28.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	14.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	7.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	3	21.4	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	7.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	4	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	21.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	3	21.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	28.6	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	14.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	14.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	14.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	7.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	14.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	8	57.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HEALTH CARE CENTER INC

Street Address: 1101 SNOWSMILL AVE		**City and State:** TUSCALOOSA AL 35406	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	**Medicare Residents:** 1	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	83.1	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	77.0	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	66.9	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	68.2	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	59.5	66.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	32.4	41.3	37.7
Completely bedfast residents.	27	18.2	6.9	3.4
Residents confined to chairs.	41	27.7	48.9	50.8
Residents requiring restraints.	59	39.9	37.0	41.3
Confused or disoriented residents.	107	72.3	58.8	58.4
Residents with bed sores.	3	2.0	5.5	7.1
Residents receiving special skin care.	21	14.2	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK CREST NH

Street Address: 813 KELLER LANE BOX 647		**City and State:** TUSCUMBIA AL 35674	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 1	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	100	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	100	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	78	77.2	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	67.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	77.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	39.6	41.3	37.7
Completely bedfast residents.	12	11.9	6.9	3.4
Residents confined to chairs.	33	32.7	48.9	50.8
Residents requiring restraints.	50	49.5	37.0	41.3
Confused or disoriented residents.	67	66.3	58.8	58.4
Residents with bed sores.	5	5.0	5.5	7.1
Residents receiving special skin care.	48	47.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHOALS NH

Street Address: 500 HAZELTON ST	**City and State:** TUSCUMBIA AL 35674

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	97.8	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	93.4	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	90.1	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	91.2	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	91.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	17	18.7	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	61.5	41.3	37.7
Completely bedfast residents.	16	17.6	6.9	3.4
Residents confined to chairs.	61	67.0	48.9	50.8
Residents requiring restraints.	36	39.6	37.0	41.3
Confused or disoriented residents.	79	86.8	58.8	58.4
Residents with bed sores.	15	16.5	5.5	7.1
Residents receiving special skin care.	35	38.5	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA HAVEN NH

Street Address: 603 WRIGHT ST		**City and State:** TUSKEGEE AL 36083	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	73.4	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	73.4	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	41	64.1	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	70.3	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	64.1	66.6	68.2
Residents on individually written bowel and bladder retraining program.	4	6.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	25.0	41.3	37.7
Completely bedfast residents.	2	3.1	6.9	3.4
Residents confined to chairs.	43	67.2	48.9	50.8
Residents requiring restraints.	35	54.7	37.0	41.3
Confused or disoriented residents.	33	51.6	58.8	58.4
Residents with bed sores.	4	6.3	5.5	7.1
Residents receiving special skin care.	16	25.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TUSKEGEE HEALTH CARE FACILITY

Street Address: 502 GAUTIER ST		**City and State:** TUSKEGEE AL 36083	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
139	1	129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	74.8	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	115	82.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	89	64.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	70.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	61.2	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	28.1	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	60	43.2	48.9	50.8
Residents requiring restraints.	46	33.1	37.0	41.3
Confused or disoriented residents.	59	42.4	58.8	58.4
Residents with bed sores.	12	8.6	5.5	7.1
Residents receiving special skin care.	24	17.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
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NURSING HOME PROFILE
BULLOCK CO NH

Street Address: 102 W CONECUH	**City and State:** UNION SPRINGS AL 36089

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 32	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	80.0	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	23	76.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	18	60.0	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	50.0	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	40.0	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	43.3	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	9	30.0	48.9	50.8
Residents requiring restraints.	9	30.0	37.0	41.3
Confused or disoriented residents.	15	50.0	58.8	58.4
Residents with bed sores.	1	3.3	5.5	7.1
Residents receiving special skin care.	0	0.0	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGE H LANIER MEMORIAL NH

Street Address: 4800 48TH ST	**City and State:** VALLEY AL 36864

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 4	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	73.6	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	72.2	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	47	65.3	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	55.6	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	73.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	40.3	41.3	37.7
Completely bedfast residents.	8	11.1	6.9	3.4
Residents confined to chairs.	35	48.6	48.9	50.8
Residents requiring restraints.	13	18.1	37.0	41.3
Confused or disoriented residents.	34	47.2	58.8	58.4
Residents with bed sores.	3	4.2	5.5	7.1
Residents receiving special skin care.	26	36.1	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAMAR CONVALESCENT CENTER INC

Street Address: RT 1 BOX 70		**City and State:** VERNON AL 35592	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	92.9	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	72.9	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	62.1	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	65.0	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	55.7	66.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	39.3	41.3	37.7
Completely bedfast residents.	15	10.7	6.9	3.4
Residents confined to chairs.	29	20.7	48.9	50.8
Residents requiring restraints.	38	27.1	37.0	41.3
Confused or disoriented residents.	57	40.7	58.8	58.4
Residents with bed sores.	3	2.1	5.5	7.1
Residents receiving special skin care.	29	20.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WETUMPKA NURSING FACILITY

Street Address: 208 MARSHALL ST		**City and State:** WETUMPKA AL 36092	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	91.8	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	75.3	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	65.8	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	69.9	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	65.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	30.1	41.3	37.7
Completely bedfast residents.	10	13.7	6.9	3.4
Residents confined to chairs.	34	46.6	48.9	50.8
Residents requiring restraints.	18	24.7	37.0	41.3
Confused or disoriented residents.	49	67.1	58.8	58.4
Residents with bed sores.	3	4.1	5.5	7.1
Residents receiving special skin care.	44	60.3	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEVIEW HEALTH CARE CENTER

Street Address: 5TH COURT AND MAIN ST		**City and State:** WINFIELD AL 35594	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 1	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	83.2	82.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	72.0	83.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	72.9	74.1	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	59.8	72.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	59.8	66.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	87	81.3	41.3	37.7
Completely bedfast residents.	1	0.9	6.9	3.4
Residents confined to chairs.	42	39.3	48.9	50.8
Residents requiring restraints.	45	42.1	37.0	41.3
Confused or disoriented residents.	62	57.9	58.8	58.4
Residents with bed sores.	7	6.5	5.5	7.1
Residents receiving special skin care.	20	18.7	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	48.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	33.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	53	26.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	8.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	91	46.0	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	48	24.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	61	30.8	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	20.7	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	57	28.8	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	35	17.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	13.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	31	15.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	15	7.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	29	14.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	17.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	21	10.6	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	10.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	72	36.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	120	60.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	41	20.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	95	48.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMTER NH

Street Address: HIGHWAY 11 RT 1 BOX 415A	**City and State:** YORK AL 36925

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	82.7	82.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	86.7	83.2	83.2
Toileting Residents requiring some or total assistance in toileting.	80	81.6	74.1	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	73.5	72.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	79.6	66.6	68.2
Residents on individually written bowel and bladder retraining program.	17	17.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.6	41.3	37.7
Completely bedfast residents.	0	0.0	6.9	3.4
Residents confined to chairs.	52	53.1	48.9	50.8
Residents requiring restraints.	19	19.4	37.0	41.3
Confused or disoriented residents.	37	37.8	58.8	58.4
Residents with bed sores.	6	6.1	5.5	7.1
Residents receiving special skin care.	18	18.4	16.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.5	518	5.5
Each resident is free from mental and physical abuse.	MET	5	2.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	8.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	41	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	14	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	48.5	2816	29.8
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